

<b>Case Number:</b>	CM15-0020834		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male who sustained an industrial injury on 1/30/2012. His diagnoses, and/or impressions, included: status-post right ankle arthroscopy with synovectomy on 6/30/14; right ankle pain; and neuritis of the left ankle. No current magnetic resonance imaging studies are noted. His treatments have included right ankle arthroscopy surgery (6/30/14); physical therapy; use of a walker; weight bearing; ice therapy; and medication management. Progress notes of 12/9/2014 reported a 5.5 month post-operative and post-physical therapy visit, noting the recommendation from the physical therapist that he would benefit from additional physical therapy for strengthening of the right ankle; and that there is pain in the right ankle joint that is with limited range-of-motion. The physician's requests for treatments were noted to include pain management consultation for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pain Management Consultation For The Right Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** The ACOEM Chapter 14 on Ankle indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the referral to a pain specialist for ankle pain as the IW appears to have lumbar back pain complaints. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.