

Case Number:	CM15-0050917		
Date Assigned:	03/24/2015	Date of Injury:	07/21/2009
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Florida
 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:

This 45 year old male sustained an industrial injury on 7/21/09. He subsequently reported left ankle pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include left ankle sprain. Treatments to date have included modified work duty, surgery, physical therapy, an ankle brace and prescription pain medications. The injured worker continues to experience left ankle pain as well as pain in the left leg from the buttock area down to the left foot. A request for a Multidisciplinary Pain Rehabilitation Program Evaluation for the left ankle was made by the treating physician. The recent clinics notes did not show objective findings related to the left ankle. The most recent documented physical examination showed objective finding of decreased sensation over the left foot but no significant deficit in motor and range of motion function. A Utilization Review determination was rendered recommending non certification for Multidisciplinary Evaluation for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31; 31-32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Ankle and Foot.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for expertise evaluation when the diagnoses is too complex or additional expertise management is required. The utilization of functional restoration program evaluation was an integral part of a post rehabilitation return to work planning after completion of active treatments. The records did not show subjective, objective or radiological findings indicative of significant functional deficit of the left ankle. The most recent records did not show documentation of functional incapacitation related to the left ankle. The criteria for Multidisciplinary Evaluation of the Left Ankle was not met and therefore the request is not medically necessary.