

<b>Case Number:</b>	CM15-0121096		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 50 year old female, who sustained an industrial injury on 07/17/2013. She has reported injury to the left foot and ankle. The diagnoses have included chronic left ankle pain; left Achilles tendinitis; left ankle sprain; sprain of knee and leg, left; plantar fasciati; and osteochondral injury to talar dome. Treatment to date has included medications, diagnostics, injections, aquatic therapy, physical therapy, and home exercise program. Medications have included Mobic and Pamelor. A progress report from the treating physician, dated 04/22/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant left ankle pains that vary from mild at rest and moderate to severe with weight-bearing; she feels like there is a needle in her foot when she stands; she point to the mid foot; she tries not to fully weight-bear on this foot some days due to this; some left lateral knee pains when walking; deep aching and burning on the lateral ankle with throbbing and swelling when she is up on it; she has deep burning in her heel and Achilles; she has numbness into her lateral foot; her foot will swell often; she is not able to do her household chores and activities without pain; and she feels depressed and anxious now over her continued pains. Objective findings included left-sided, antalgic gait, which is slowed and stooped; she is unable to fully bear weight on the left when she stands; tenderness on palpation of the left knee lateral joint line, with 1+ effusion in the left knee joint; left ankle reveals swelling of the lateral malleolus; movements are restricted with range of motion; tenderness of the Achilles tendon, lateral malleolus, fibula-calcaneal ligament, talo-fibular ligament; tenderness to palpation is noted over the left heel and midfoot and into the plantar fascia; and sensory exam reveals loss of sensation along the dorsal

left foot. The treatment plan has included the request for active rehabilitation program 2 times a week for 6 weeks; and pain management counseling 1 time a week for 6 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Active rehabilitation program 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** The respondent has further explained the rationale for the requested treatment which includes an active rehabilitation program which includes pain management counseling. The MTUS guidelines state that criteria for participation in a multidisciplinary pain program includes the following: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." On review of the records, some of the above requirements appear to be met. I was unable to find documentation of the patient exhibiting motivation to change, willing to forgo secondary gains including disability payments to effect this change, as required. There is also no documentation of surgical consultation with an orthopedic foot/ankle surgeon or podiatrist seen which may offer some advice with regards to treatment. As such, the request is not medically necessary.

**Pain management counseling 1 time a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** The respondent has further explained the rationale for the requested treatment which includes an active rehabilitation program which includes pain management counseling. The MTUS guidelines state that criteria for participation in a multidisciplinary pain program includes the following: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2)

Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." On review of the records, some of the above requirements appear to be met. I was unable to find documentation of the patient exhibiting motivation to change, willing to forgo secondary gains including disability payments to effect this change, as required. There is also no documentation of surgical consultation with an orthopedic foot/ankle surgeon or podiatrist seen which may offer some advice with regards to treatment. As such, the request is not medically necessary.