
Independent Medical Review Final Determination Letter

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Dated: 12/20/2013

IMR Case Number:	CM13-0009240	Date of Injury:	4/17/2006
Claims Number:	██████████	UR Denial Date:	7/31/2013
Priority:	Standard	Application Received:	8/9/2013
Employee Name:	██		
Provider Name:	██		
Treatment(s) in Dispute Listed on IMR Application:	Ophthalmologic consultation and re-consult		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 51-year-old female who reported an injury on 04/17/2006 when she was reported to have stepped on a chair and it rolled. Diagnoses given included chronic pain, left-sided trochanteric bursitis, left shoulder impingement, bilateral knee pain, right ankle pain, lumbar discogenic disease, thoracic spine sprain/strain, and chronic headaches. The patient is noted to have undergone a surgery to her right ankle on 06/16/2006 and is reported to have ongoing complaints of right ankle pain, back pain, bilateral knee pain, and low back pain. A clinical note signed by Dr. [REDACTED] dated 07/19/2013 the patient had multiple pulmonary emboli with infarction and partial lung collapse from right leg. She is reported to complain of stumbling because she could not lift her right foot properly because of her ankle, consequently, she had fractured 2 toes and both knees were very painful. She is noted to have bad headaches since back on Coumadin. The patient is noted to have lost 84 pounds on a Medifast diet. A request for a reconsultation was made for worsening bilateral knee and ankle pain and a request for an ophthalmology consult was made for blurred vision associated with retro-orbital pain.

IMR DECISION(S) AND RATIONALE(S)

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

1. RE-Consultation r/t worsening bilateral knee/ ankle pain QTY: 1.00 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM, MTUS, and Official Disability Guidelines.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Physician Reviewer based his/her decision on the ACOEM Guidelines (2004), Chapter 7, page 127.

The Physician Reviewer's decision rationale:

The patient is a 51-year-old female who is reported to have injured her right ankle on 04/17/2006 when she was standing on a chair and it rolled backwards. She is noted to have undergone a right ankle surgery in 2006. The patient is noted to have continued complaints of right ankle pain and to have developed bilateral knee pain due to an antalgic gait. A clinical note dated 07/19/2013 reported the patient had had a bout of multiple pulmonary emboli with infarction and partial lung collapse. The patient is reported to have stated she keeps stumbling because she could not lift her right foot properly because of her right ankle. Consequently, she is noted to have fractured 2 toes and reported that both her knees are very painful. She reported her eyesight was very poor and she had bad headaches since she was back on Coumadin. The California MTUS Guidelines and ODG do not address the request. The American College of Occupational and Environmental Medicine Guidelines state that an occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex or when a plan of course of care may benefit from additional expertise and notes a consultation is indicated to establish a diagnosis or prognosis, therapeutic management, determination of medical stability and permanent residual loss, and/or the patient's fitness to return to work. The patient is reported to continue to complain of ongoing right ankle pain and bilateral knee pain. However, there is no documentation of abnormal findings on physical exam that would indicate the need for a reconsultation with an orthopedist at this time and as such the requested reconsultation related to worsening bilateral knee and ankle pain quantity 1 is non-certified.

2. Ophthalmologic consultation QTY: 1.00 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM, MTUS, and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Official Disability Guidelines, Eye, Office Visits.

The Physician Reviewer's decision rationale:

The patient is a 51-year-old female who reported an injury on 04/17/2006 when she injured her right ankle when she was standing on a chair and it rolled backwards. She is noted to have undergone previous surgeries to her right ankle. She is reported on 07/19/2013 to have had a bout of multiple pulmonary emboli with infarction and partial lung collapse. She was reported to have been placed on Coumadin. She reported she kept stumbling because she could not lift her right foot properly because of her right ankle and consequently had fractured 2 toes. She reported both her knees were very painful and her eyesight was very poor. The California MTUS Guidelines do not address the request for ophthalmic consultation. The Official Disability Guidelines recommend the need for a clinical visit be individualized based on review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgement. The patient is reported to complain of poor vision; however, there is no indication that on 07/19/2013 an examination of her eyes was performed indicating any abnormal findings that would indicate the need for an ophthalmic evaluation. Based on the above, the request for an ophthalmologic consultation, quantity 1, is not established and is neither medically necessary nor appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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