

Case Number:	CM13-0054648		
Date Assigned:	12/30/2013	Date of Injury:	04/24/2008
Decision Date:	04/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old male with a date of injury on 4/24/08. This patient developed significant left ankle pain; considered to be secondary to repetitive trauma. He has undergone significant treatment including surgery. Several infections developed, requiring significant antibiotic therapy. He was diagnosed with osteomyelitis. An additional debridement surgery has been performed. He continues to experience significant lower extremity problem because of ankle pain and instability. He has also been diagnosed with hypertension, anxiety, depression and acid reflux. The patient is on several medications. On 9/13/13 he was seen by his physician because of polyuria, polydipsia. The patient has been a diabetic and his blood sugars are elevated. The physician is requesting an ophthalmology consultation. The reviewer did not certify the need for ophthalmology consultation on 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPHTHALMOLOGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2ND EDITION 2004, 127

Decision rationale: The documentation submitted did not support ophthalmology consultation. Therefore the request for ophthalmology consultation is not medically necessary.