

Case Number:	CM14-0015717		
Date Assigned:	03/03/2014	Date of Injury:	05/14/2003
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 69 year-old female with a 5/14/03 date of injury after experiencing blunt force trauma to the head from a slip and fall. The patient was seen on 12/17/13 with complaints of SI joint pain and fecal incontinence. The referring physician claims that the patient has had fecal incontinence since 2010 after using an IF unit for her SI joint dysfunction. Exam findings revealed abdominal bloating, and positive SI joint dysfunction. The diagnosis is fecal incontinence, SI joint dysfunction, and status post left knee meniscectomy. Treatment to date includes physical therapy and injections. An adverse determination was received on 1/31/14 regarding treatment to fecal incontinence given there was no proper work up and the request for treatment was non-specific. The request for treatment of SI joint dysfunction was denied given there were sparse clinical exam findings regarding SI joint dysfunction and again requested treatment was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREATMENT FOR FECAL INCONTINENCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, (2004) Chapter 6-Independent Medical Examinations and Consultations, (pp 127, 156).

Decision rationale: The ACOEM Guidelines states that consultations are recommended and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This patient has fecal incontinence, and has not properly been worked up to identify the source of this incontinence. The requesting physician states that IF treatment to the SI joint caused the patient's fecal incontinence. However without a proper work up and diagnosis, unspecified "treatment" cannot be administered to the patient. In addition, the "treatment" is non-specific and would depend on the cause of the fecal incontinence. As IF units have been used many times and there has been no causality linked to the use of IF units and fecal incontinence, for this patient's sake a proper work and diagnosis are essential. The first step in getting treatment for fecal incontinence would be an evaluation by an appropriate specialist to determine cause/diagnosis of this symptom. After this, there may be consideration of specific identified treatment. Therefore, the request is not medically necessary and appropriate.

TREATMENT FOR S1 JOINT DYSFUNCTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, (2004) Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156).

Decision rationale: The ACOEM Guidelines states that consultations are recommended and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This patient has sparse physical exam findings and a diagnosis of SI joint dysfunction, in addition, the treatment requested is not specified. Therefore, the request is not medically necessary and appropriate.