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| Case Number: | CM14-0016068 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 05/15/2001 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 01/09/2014 |
| 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 76-year-old female who reported an injury on 05/15/2002. The injury occurred while she was repeatedly moving a patient into and out of bed 10 to 12 times a day. On 01/03/2014, the injured worker presented with all over body pain with back pain radiating down the bilateral legs to the feet and weakness in legs associated with tingling and numbness. Prior therapy included surgery, physical therapy, and medications. Upon physical examination, the cervical spine had decreased range of motion with increased pain in all planes, 5/5 motor strength, normal sensation, and 2+ deep tendon reflexes symmetrically. Inspection of the lumbar spine range of motion was limited with increased pain in all directions. There was diminished sensation along the bilateral S1 dermatomes to light touch, temperature, and pinprick. There was a positive right straight leg raise and positive Patrick's sign. The diagnoses were neck pain, low back pain, knee pain, shoulder pain, hernia abdominal (specific site), lumbar disc with radiculitis, and degeneration of lumbar disc. The provider recommended a podiatry consult and an ENT consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

PODIATRY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visit.

Decision rationale: The request for podiatry consult is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessary for an office visit requires individualized case review and assessment, being ever mindful that the injured worker's outcome are achieved with the eventual patient independence from the healthcare system through self care as soon as clinically feasible, the request is not medically necessary.

ENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, ENT Consult.

Decision rationale: The request for ENT consult is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessary for an office visit requires individualized case review and assessment, being ever mindful that the injured worker's outcome are achieved with the eventual patient independence from the healthcare system through self care as soon as clinically feasible. The request is not medically necessary.