

Case Number:	CM14-0134103		
Date Assigned:	08/27/2014	Date of Injury:	12/30/2013
Decision Date:	10/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 Dermatology 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 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 46 year old female who was injured on 12/30/2013 while performing her usual and customary duties as a caregiver for an assisted living community. Prior treatment history included cervical epidural injections which offered temporary relief, TENS, compound medications and physical therapy. RFA note dated 01/15/2014 indicates the patient presented with itchiness and giving way of her bilateral knees, low back pain, and right upper extremity pain. She reported difficulty bathing and cleaning herself secondary to her pain. On exam, she reported skin changes, rashes, and itching. She has blisters on the right wrist with hypoparesthesia but no active ulcer. Bilateral knees revealed erythematous dermatitis and bruising. She is diagnosed with right wrist dermatitis; rule out methicillin resistant Staphylococcus aureus infection and bilateral knee dermatitis, rule out methicillin resistant Staphylococcus aureus infection. She has been recommended for a dermatology consult. IMR dated 08/21/2014 states the request for Dermatology Consultation - Multiple body parts (Bilateral Knee and Bilateral Wrist) is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dermatology Consultation - Multiple body parts (Bilateral Knee and Bilateral Wrist):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: Clinical Topics: ACOEM

Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156) Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations And Consultations, page 503

Decision rationale: As per CA MTUS/ACOEM guidelines, the occupational 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. Further guidelines indicate that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Upon physical examination, the patient was noted to have blisters on the right wrist and an erythematous rash on both knees. This necessitates a dermatology consultation.