

Case Number:	CM14-0134310		
Date Assigned:	08/25/2014	Date of Injury:	10/08/2011
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58-year-old gentleman was reportedly injured on October 8, 2011. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated range of motion from 0 to 90. There was tenderness along the medial joint line and patellofemoral crepitus. There was also mild pain with patellar compression. A plan was made for a total knee arthroplasty. The injured employee had an apparent infection with this procedure and a subsequent PICC line was placed on July 21, 2014. Diagnostic imaging studies were not reviewed on this visit. Previous treatment includes a total knee arthroplasty, physical therapy, injections, oral medications. A request had been made for an infectious disease consult for 12 visits over and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infectious disease consult 12 visits for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004),⁶ ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM guidelines state "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." According to the attached medical record a PICC line was placed for extended treatment with antibiotics for the injured employees knee infection. It appears that the injured employee was otherwise healthy and that serial blood testing during the injured employees inpatient hospital stay indicated a normalized white blood cell count and no other abnormalities. Considering this, it is unclear why a weekly visit with an infectious disease specialist is requested. Without further justification this request for an infectious disease consult for 12 visits over three months is not medically necessary.