

Case Number:	CM14-0144544		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2006
Decision Date:	11/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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 General Surgery 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 injured worker is a 51-year-old female who reported injuries due to a motor vehicle accident on 10/12/2006. On 07/23/2014 her diagnoses included cervical spine strain, lumbar spine strain, right shoulder strain, right hip surgery in 2010, left hip strain, right knee surgery in 2010, right foot strain and left foot strain. Her complaints included pain in the neck, lower back, right shoulder, both hips, , both knees, and both feet. The progress note stated that her left knee pain started about 1 month prior to the visit due to overcompensating for her right knee pain. Loss of bladder control started 1 week prior to the visit. She would urinate on herself because her low back and bilateral hip pain prevented her from walking to the bathroom in a timely manner. Her right hip pain radiated to her right groin. It was described as throbbing and constant and it radiated down to her knee. Her pain was interfering with her ability to perform her activities of daily living. She reported having multiple falls. There was a recommendation for a general surgery consult due to right groin pain. Her medications included Motrin 800 mg, Colace 100 mg, Oxycontin ER 40 mg, Roxicodone 30 mg, cimetidine 400 mg, Neurontin 600 mg and morphine ER 15 mg. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with General Surgeon for Right Groin Pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89.

Decision rationale: The request for consult with general surgeon for right groin pain is not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medication usage and referral. There was no evidence in the submitted documentation of significant groin pathology. The need for a consultation with a surgeon was not clearly demonstrated in the submitted documentation. Therefore, this request for consult with general surgeon for right groin pain is not medically necessary.