

Case Number:	CM14-0150428		
Date Assigned:	09/18/2014	Date of Injury:	06/28/2013
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 39-year-old male, who reported injury on 06/28/2013. Reportedly, while the injured worker was walking with a load of branches in his hand, his foot became caught on a vine causing him to lose his balance and he fell onto a block wall. The injured worker sustained injury to his left ribcage, left shoulder, neck, and lower back. The injured worker's prior treatment history included MRI studies, medications, x-rays and physical therapy sessions. The injured worker was evaluated on 06/30/2014. It was documented that the injured worker complained of cervical spine, left shoulder, lumbar spine, bilateral knee, and bilateral wrist pain. The injured worker indicated the pain was improved with the medications and therapy. Examination revealed the injured worker had tenderness in the bilateral paraspinals of the cervical spine and the lumbar spine. The injured worker had a positive Tinel's and Phalen's of the bilateral wrist. The examination of the bilateral knee revealed medial and lateral joint line tenderness; range of motion was 115 degrees/112 degrees in flexion and 0 degrees of extension bilaterally. Diagnoses included disc bulges of the cervical and lumbar spine, left ankle sprain/strain, insomnia, bilateral knee meniscal degeneration and left shoulder rotator cuff bicipital tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation with a podiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

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 6, page 163

Decision rationale: American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. Clinical documentation submitted for review indicated the injured worker had a normal MRI of the left ankle. There was lack of documented rationale to support the necessity for a specialist evaluation. As such, the request for one consultation with a podiatrist is not medically necessary.

One consultation with a psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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 6, page 163.

Decision rationale: American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. California MTUS Guidelines recommend consideration of psych consult if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review failed to provide documentation of the above criteria. As such, the request for one consultation with a psychologist is not medically necessary.