

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0020162 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 03/18/2012 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 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 56 year old female who reported an injury on 03/18/2012 secondary to falling in an elevator. She was noted to have severe lacerations to both lower legs and received sutures to both legs on the same date. Subsequently, her wounds became infected, and the injured worker received extensive wound care treatment. A request for a dermatology consult was submitted on 08/26/2013 for itchy skin, but the injured worker was not evaluated by a dermatologist according to the documentation provided. The injured worker was evaluated on 12/13/2013 by her primary physician and reported pain of unknown severity in the back and bilateral hands as well as itchiness and 8/10 pain in the lower extremities bilaterally. On physical exam, she was noted to have redness, tenderness and swelling of the lower legs bilaterally, with edema and deformity of the right lower leg noted. Wound scars were noted to be intact without infection. She was also noted to have decreased range of motion and swelling of the ankles bilaterally, with pigmentation changes noted at the right ankle. The injured worker was diagnosed with dermatitis of both lower extremities and low back pain. She was prescribed Tramadol, Salonpas patches, and Elocon topical steroid. A request for authorization was submitted on 12/17/2013 for a dermatology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO DERMATOLOGY CONSULTATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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), 3rd Edition, (2011), Chapter 6, pages 163-176.

Decision rationale: The request for a dermatology consultation is non-certified. California MTUS/ACOEM Guidelines recommend referral to a specialist to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or fitness for return to work. The injured worker reported an injury on 03/18/2012 and received sutures to the lower extremities bilaterally. Subsequently she received extensive wound care for a wound infection and poor healing. At the time of the request, the injured worker was noted to have itching and pain in the lower extremities bilaterally, and wound sites were noted to have healed with intact scar formation. It was noted that no infection was present. She was also noted to have redness and swelling of the lower legs bilaterally and was diagnosed with dermatitis. The provider recommended the injured worker utilize Salonpas and Elocon for the dermatitis and recommended a dermatology consultation as well. The efficacy of the prescribed medication was unclear as the patient was not reevaluated after utilizing the prescribed medications. Given the limited documentation regarding the failure of prior courses of treatment it does not appear a dermatology consultation would be indicated at this time. As such, the request for two dermatology consultations is not medically necessary and appropriate.