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| Case Number: | CM14-0034478 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/25/2007 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, cognitive dysfunction, vertigo, dizziness, and incontinence reportedly associated with an industrial injury of May 25, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anticonvulsant medications for epilepsy; diapers and urinary incontinence pads; a walker; and extensive periods of time off of work. In a utilization review report dated February 28, 2014, the claims administrator approved a request for amoxicillin, denied a request for dermatology referral, denied a request for transfer to a skilled nursing facility, and approved a followup visit. The claims administrator cited non-MTUS ODG guidelines to deny the dermatology referral for scab monitoring. The claims administrator also used Colorado Guidelines to deny the request for transfer to a Skilled Nursing Facility and stated that the applicant needed custodial care for which a Skilled Nursing Facility was not indicated. The claims administrator did not always incorporate cited guidelines into its rationale, however. The applicant's attorney subsequently appealed. A February 5, 2014 progress note was notable for comments that the applicant was having improved incontinence issues. The applicant was moving to Assisted Living Facility, it was stated. The applicant was having issues with incontinence. The applicant had an issue with small bumps about the occiput, scalp, and head. These were appreciated on exam and described as irregular, 9 x 8 mm, and indurated. These were apparently associated with a fall. They were apparently bruising and were described as greenish yellow. Amoxicillin was endorsed for what appeared to be an infected scab. A dermatology consultation was sought to further evaluate the contusion/scab/bump over the occiput. It was stated that the applicant should be transferred to a Skilled Nursing Facility during periods of decline or decompensation, possibly on a lifelong basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Dermatologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 1. Page(s): 1.

Decision rationale: While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the presence of persistent complaints, which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary, in this case, however, the applicant has sustained an acute industrial head/scalp contusion associated with a fall. The applicant did apparently develop a contusion over the same. This was apparently described as revolving on or around the office visit in question, February 6, 2014. There was no evidence, thus, that the applicant's scalp contusion was failing to resolve or clear with appropriate conservative management in the form of time, medications, observation, etc. It is further noted that the attending provider's introduction of amoxicillin could also have accelerated resolution of the scab or possible cellulitis. The proposed referral to a dermatologist was premature, then, as there was no evidence that the applicant's scalp contusion had proven recalcitrant to conservative management. Therefore, the request is not medically necessary.

One request to transfer to a skilled nursing facility during periods of decline: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Traumatic Brain Injury (TBI) Medical Treatment Guidelines were consulted.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Skilled Nursing Facility Care topic.

Decision rationale: The MTUS does not address the topic. As noted in the ODG low back chapter Skilled Nursing Facility Care topic, Skilled Nursing Facility is recommended if necessary after hospitalizations when an applicant requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. In this case, however, there is no evidence that the applicant requires any skilled nursing care or skilled nursing services, at least as of the date of the request. It does not appear, moreover, that the applicant had been recently hospitalized. The skilled nursing services being sought are not being sought post hospitalization, as suggested by ODG. Finally, the attending provider's request was imprecise and seemingly lends itself towards support for lifelong transfers to Skilled Nursing Facilities on an as-needed basis. This is not indicated, appropriate, or supported by ODG. Therefore, the request is not medically necessary.

