

Case Number:	CM14-0035441		
Date Assigned:	06/23/2014	Date of Injury:	05/14/2003
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 69-year-old female with a date of injury of 05/14/2003. The patient's diagnoses per [REDACTED] included left knee medial meniscal tear/ degenerative joint disease, status post meniscectomy, left shoulder PRCT, and right sacroiliac (SI) joint dysfunction. According to progress report 02/13/2014 by [REDACTED], the patient presents with pain in the left temple. He complains of left ankle pain, left facet numbness, and complains of swollen abdomen. An examination of the left shoulder revealed popping and tightness of the trapezius. It was noted that patient has "fecal incontinence, swollen abdomen, tinnitus, and memory problem." The patient reports hearing problems, insomnia, and pain over the sacroiliac joint. Several progress reports are handwritten and partially illegible. The physician recommends consultation with a neurologist and for "treatment of SI joint dysfunction, fecal incontinence, and swollen abdomen." The utilization review denied the request on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A NEUROLOGIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient presents with pain in the left temple and complaints of insomnia, hearing problems and loss of memory. The physician is requesting a consultation with a neurologist. The ACOEM Practice Guidelines page 127 has the following: "The occupational health practitioner may refer to other specialist 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". The ACOEM Guidelines further states referral to a specialist is recommended in complex issues. In this case, the physician has concerns of patient's complaints of pain in the left temple and memory loss. A referral for consultation with a neurologist is medically necessary.

TREATMENT FOR SI JOINT DYSFUNCTION, FECAL INCONTINENCE, AND SWOLLEN ABDOMEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 8 Page(s): 8.

Decision rationale: This patient complains of "fecal incontinence, swollen abdomen, tinnitus, and memory problem." He also reports pain over the sacroiliac joint. This request is for "treatment of SI joint dysfunction, fecal incontinence, and swollen abdomen." It is unclear what "treatment" the physician is referring to. MTUS page 8 requires that the physician monitor the patient and provide appropriate recommendations regarding treatment. In this case, the recommendation cannot be made as the "treatment" is not defined. Therefore the request is not medically necessary.