

Case Number:	CM14-0037110		
Date Assigned:	06/25/2014	Date of Injury:	12/26/2013
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year-old female was reportedly injured on 12/26/2013. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 2/14/2014 indicates that there are ongoing complaints of low back, left hand, left knee, left foot, left ankle, and left wrist. The physical examination demonstrated lumbar spine: pain with range of motion, positive tenderness to palpation of the paraspinal muscles, straight leg raise equivocal on the left. Left knee: positive tenderness to palpation anterior patella, and medial joint line and positive McMurray's, left ankle/foot positive tenderness to palpation Achilles tendon, lateral aspect of left ankle, and tenderness left foot calcaneus. The left hand/wrist is positive tenderness to palpation base of left thumb. Diagnostic imaging studies include x-rays left hand 1/17/2014 reveal contour abnormality on at least one view of the base of the proximal phalanx of the 3rd digit and generalized osteopenia. Healed fracture is likely at the 3rd finger. X-rays left wrist unremarkable exam, x-rays left ankle no fracture, x-rays left foot calcaneal spurring otherwise unremarkable, x-rays lumbar/sacral spine no fracture or Malalignment. X-rays left knee shows no evidence of fracture. Previous treatment includes medication and activity modification. A request was made for orthopedic consult for left hand, podiatry consult for left foot, Pain Management and Rehabilitation consult for lower back, and was not certified in the pre-authorization process on 2/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult (for left hand pain): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: MTUS ACOEM Guidelines state "The occupational health practitioner may refer to other specialists 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." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical documentation provided, it is noted the patient has left hand/thumb pain. The claimant is currently in physical therapy and continuing conservative treatment at this time. Current physical exam findings are minimal. As such, the request for referral for Orthopedic consult (for left hand pain) is deemed not medically necessary at this time.

Podiatry consult (for left foot pain): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: MTUS ACOEM Guidelines state " The occupational health practitioner may refer to other specialists 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." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical documentation provided, it is noted the patient has left foot/ankle pain. The claimant is currently in physical therapy and continuing conservative treatment at this time. Current physical exam findings are minimal. As such, the request for a Podiatry consult (for left foot pain) is deemed not medically necessary at this time.

PM&R consult (for the lower back): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: MTUS ACOEM Guidelines state "The occupational health practitioner may refer to other specialists 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."An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical documentation provided it is noted the patient has low back pain. The claimant is currently in physical therapy and continuing conservative treatment at this time. Current physical exam findings are minimal. As such, the request for Physical Medicine and Rehabilitation consult (for the lower back) is deemed not medically necessary at this time.