

Case Number:	CM14-0091310		
Date Assigned:	09/19/2014	Date of Injury:	09/26/2012
Decision Date:	10/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice New Jersey. 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 26-year-old man who sustained a work related injury on September 26, 2012. Subsequently, he developed chronic shoulder and left leg pain. According to a report dated August 7, 2014, the patient continued to have pain in the shoulder and left leg. He stated that there has been minimal improvement in the leg and no significant change in the shoulder. He has a medial leg wound and pain there and at the medial ankle. He obtained no benefit from Neurontin. His physical examination revealed tenderness over the anterior shoulder. He has pain with abduction, forward flexion, and external rotation but no weakness. There is no tenderness at the AC joint. Examination of the left leg revealed a healed medial calf wound. He is very sensitive to skin touch about the medial aspect of the leg. There is no evidence of infection. Tendon function is intact. It was noted that the patient does not need further orthopedic care. For his left leg, there is no interventional treatment which would be indicated. The provider requested authorization for Dermatology as second treater.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dermatology as second treater: 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 Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The provider did not give a justification for this consultation. The physical examination demonstrated medial healed wound without infection but sensitivity. These findings do not justify dermatology referral. Therefore, the request for Dermatology as second treater is not medically necessary.