

Case Number:	CM15-0100506		
Date Assigned:	06/02/2015	Date of Injury:	03/11/2015
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on March 11, 2015. The injured worker reported an injury to the right knee. He was diagnosed with a laceration of the right knee. Treatment to date has included suturing of laceration and work/activity restrictions. A follow-up evaluation on March 21, 2015 revealed the laceration was healing with no signs of infection. A partial suture removal was done and the injured worker was released to full duty work. On May 11, 2015 the injured worker was evaluated and the evaluating physician noted that the right knee had drainage from the incision site. There was slight tenderness at the knee and the injured worker had discomfort when bending the knee. There was no sign of infection and the evaluating physician released the injured worker to regular work duties. The diagnoses associated with the request include laceration of the knee. The treatment plan includes referral to plastics for revision of scar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a plastic surgeon for transfer of case (for scar revision): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 27 Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has a scar however with no documentation of complication from the scar and thus need for referral has not been established and the request is not medically necessary.