

Case Number:	CM15-0136559		
Date Assigned:	07/24/2015	Date of Injury:	02/26/2013
Decision Date:	08/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 40 year old male with an industrial injury dated 02/26/2013. His diagnoses included status post significant traumatic injury to the left leg requiring multiple surgeries and compensable consequence of lumbar strain greater than left. Prior treatment included chiropractic visits, diagnostics and medications. He presents on 06/18/2015 with complaints of pain in the left leg and ankle, medial leg and left knee extending up to the left hip area. He also notes some partial foot drop. He also complains of low back pain. Physical exam noted sensation loss over the medial heel and sole of the foot. There was complete sensory loss over the surgical scar and muscle-grafting site over the medial leg. Gait was moderately antalgic because of pain and weakness in the left leg. There was tenderness of the left knee. Palpation of paralumbar muscles showed muscle spasm and tenderness. Treatment plan included medications, consults and chiropractic treatment. The treatment request is for consult with a plastic surgery specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with a Plastic Surgery Specialist: Overturned

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 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction.

Decision rationale: The requested Consult with a Plastic Surgery Specialist, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states: If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has pain in the left leg and ankle, medial leg and left knee extending up to the left hip area. He also notes some partial foot drop. He also complains of low back pain. Physical exam noted sensation loss over the medial heel and sole of the foot. There was complete sensory loss over the surgical scar and muscle-grafting site over the medial leg. Gait was moderately antalgic because of pain and weakness in the left leg. There was tenderness of the left knee. Palpation of paralumbar muscles showed muscle spasm and tenderness. The treating physician has documented a surgical scar from a leg hardware removal with cosmetic defects. The criteria noted above having been met, Consult with a Plastic Surgery Specialist is medically necessary.