MAXIMUS Federal Services

Case Number:	CM15-0165346		
Date Assigned:	09/10/2015	Date of Injury:	07/18/2015
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This injured worker is a 38 year old female who sustained an industrial injury on 07-18-2015 secondary to fall resulting in right shin laceration. The injured worker was diagnosed as having an open wound - lower leg - right. On medical records dated 07-20-2015, 07-23-2015 and 07-27-2015 physical findings were noted as right lower extremity anterior close with steri-strips and sutures from emergency department, 16cm long and in a U shape. No swelling, edema and erythema were noted. There was minimal serosanguineous drainage noted from wound. The injured worker was noted as able to return to work on modified duty. Treatment to date included medication. Current medication included Cephalexin, Tramadol, and Sulfamethoxazole-Trimethoprim. The Utilization Review (UR) dated 08-13-2015. The UR submitted for this medical review indicated that the request for wound care consultation for the left leg-shin non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wound care consultation for the left Leg/Shin: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, p. 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include focused regional examination and neurologic, ophthalmologic, or other specific screening. The treating physician has documented therapy with multiple antibiotics. The medical documentation provided indicates ongoing pain and a slow healing wound despite the prescribed therapy. It is reasonable for this patient to see a wound care specialist. As such, the request for Wound care consultation for the left Leg/Shin is medically necessary at this time.