Case Number:	CM15-0166912		
Date Assigned:	09/04/2015	Date of Injury:	11/07/2011
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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, Georgia
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 48-year-old male, who sustained an industrial injury on 11-7-2011. He reported double compound fractures of the tibia and fibula of the right leg when hit by a golf cart subsequently undergoing a below the knee amputation. Diagnoses include right open grade II tib-fib fracture, status post infected non-union, status post right below the knee amputation 11-19-14, status post eleven right leg surgeries, status post right knee arthroscopy in 6-3-15, lumbar strain secondary to antalgic gait pattern, right shoulder rotator cuff tendinitis, secondary to recurrent falls, vestibular toxicity, secondary to Gentamicin administration. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing pain in the right shoulder and right knee. The medical record indicated a history of kidney failure. On 8-10-15, the physical examination documented a healed surgical incision to the right knee and use of a right leg prosthetic. The right shoulder was noted to be tender. The plan of care included a request to authorize a follow up Nephrology evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with nephrologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/23325077.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records contain more than adequate documentation of a history of renal failure during an extensive hospitalization, including use of amino glycoside antibiotics for infection, which produced systemic complications. A follow up with nephrologist is medically necessary and appropriate.