

Case Number:	CM15-0197759		
Date Assigned:	10/13/2015	Date of Injury:	09/26/2014
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 68-year-old male, who sustained an industrial injury on 9-26-14. Medical records indicate that the injured worker is undergoing treatment for a right ankle fracture with a post-operative infection and a non-healing wound. The injured worker has a history of diabetes mellitus and hypertension. The injured workers current work status was not identified. On (9-8-15) the injured worker was noted to be doing fair and was going to the wound care center for a right ankle wound infection. Examination of the right ankle revealed tenderness with mild to moderate swelling. Treatment and evaluation to date has included medications, CT scan of the right ankle, casting, posterior splint, compression device, post-operative physical therapy, wound care assessments and treatment, two open reduction internal fixations of the right ankle and removal of hardware. A current medication list was not provided in the medical records. The treating physician's plan of care included a right ankle wound debridement. The current treatment request included an outpatient hospital examination room. The Utilization Review documentation dated 9-25-15 non-certified the request for an outpatient hospital examination room.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient hospital exam room: 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, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: According to the CA MTUS/ACOEM, page 79, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the records cited do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. It is also unclear as to why an additional outpatient hospital exam room is necessary when this debridement can be followed in the clinic. Therefore, the determination is not medically necessary.