

Case Number:	CM15-0202269		
Date Assigned:	10/19/2015	Date of Injury:	10/30/2014
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of October 30, 2014. In a Utilization Review report dated December 18, 2015, the claims administrator failed to approve a request for a dermatology consultation for a rash. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines and, moreover, mislabeled the same as originating from the MTUS. A September 1, 2015 office visit discussing a left leg rash was discussed. On July 2, 2015, the applicant reported having developed a rash over the left hand wrist, apparently over the area where a wrist brace was previously worn. The applicant was placed off of work, on total temporary disability. MRI imaging and electrodiagnostic testing of the wrist were endorsed. On a handwritten note dated September 1, 2015, the applicant was described as having a left leg rash. The requesting provider, an orthopedist, apparently sought authorization for a dermatology consultation. The applicant was placed off of work, on total temporary disability. The attending provider stated that the dermatology consultation needed to address the topic of compensability insofar as the rash was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dermatology consultation for rash: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7 page 127- Independent Medical Evaluations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the proposed dermatology consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely ill-equipped to address issues with and/or allegations of a rash. Obtaining the added expertise of a practitioner better equipped to address issues and allegations, namely a dermatologist, was, thus, indicated. Therefore, the request was medically necessary.