

<b>Case Number:</b>	CM15-0042669		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 45 year old male, who sustained an industrial injury on 02/14/2012. He has reported subsequent left hip pain and low back pain and was diagnosed with loose prosthesis of the left hip and lumbar spine pain. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 01/20/2015, the injured worker complained of left hip pain. Objective findings were notable for bilateral cellulitis with ulcerations on the left lower extremity, edema in the bilateral lower extremities and paraspinal muscle spasms on the right of the back. A request for authorization of referral to [REDACTED] in Infectious Disease was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to [REDACTED], Infectious Disease: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints page(s): 350.

**Decision rationale:** This 45 year old male has complained of left hip and lower back pain since date of injury 2/14/12. He has been treated with surgery, physical therapy and medications. He has had a recent hip joint aspiration, which was negative for evidence of infection. The current request is for an infectious disease consultation. The medical records do not contain adequate documentation or objective findings that necessitate a consultation with an infectious disease specialist at this time. On the basis of the available medical records and per the MTUS guidelines cited above, infectious disease consultation is not medically necessary.