

Case Number:	CM15-0044030		
Date Assigned:	03/13/2015	Date of Injury:	09/01/2009
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 injured worker is a 58 year old male who sustained an industrial injury to his right knee and lumbar spine on September 1, 2009. The injured worker underwent 10-12 surgical interventions for severe knee disruption and post-operative infections to the right knee. A right knee replacement was performed in 2009 complicated by methicillin resistant staphylococcus aureus (MRSA). The last knee surgery noted was a right high above the knee amputation on March 11, 2013. A left shoulder methicillin resistant staphylococcus aureus (MRSA) irrigation and debridement was performed on February 15, 2014. Diagnostic testing included lumbar spine magnetic resonance imaging (MRI) on November 25, 2014, right and left shoulder magnetic resonance imaging (MRI) on November 25, 2014 and a triphasic bone scan of the left shoulder performed on December 23, 2014. The injured worker was diagnosed with lumbar spine disc protrusion, lumbar spine myospasm, right shoulder tendonitis and osteoarthritis, post amputation pain, stump and deafferentation pain, depression and anxiety. According to the primary treating physician's progress report on February 10, 2015 the injured worker continues to experience low back pain and post amputation pain. The injured worker remains on temporary total disability (TTD). Medications listed are Roxicodone, OxyContin and Lyrica. Treatment plan is home exercise program and the request for consultation for Joint Specialist for the left shoulder, infectious disease consultation and a motorized wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infectious Disease consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: A referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the patient has had multiple surgical interventions due to joint infections of the left shoulder. The bone scan from 12/14 shows increased uptake in the humeral head of the left shoulder with fluid. This case is complex with recurrent infections with resistant bacteria. A referral to ID is medically necessary and appropriate.

Motorized wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee and Leg Chapter- Power mobility Devices (PMDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: According to the ODG guidelines, a motorized wheelchair is not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing and able to provide assistance with a manual wheelchair. In this case the documentation doesn't detail a functional deficit that is not correctable with a walker or that a caregiver is not available to propel the patient in the manual wheelchair. The request is not medically necessary.

Consultation to a Joint Specialist for the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: A referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the patient has had multiple surgical interventions due to joint infections of the left shoulder. The bone scan from 12/14 shows increased uptake in the humeral head of the left shoulder with fluid. A consultation with a joint specialist is medically appropriate given the complexity of this case with recurrent shoulder pain with infection. The request is medically necessary.