

Case Number:	CM15-0059575		
Date Assigned:	04/30/2015	Date of Injury:	05/23/2014
Decision Date:	05/29/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 49-year-old male who sustained an industrial injury on 5/23/14. The diagnoses have included post- concussion syndrome with chronic headaches, subarachnoid hemorrhage right sylvian fissure, left zygomatic fracture with sinus blood, right ankle fracture, right knee pain, neck pain radiating to left arm rule out cervical radiculopathy and lumbar pain radiating to right leg rule out radiculopathy. Treatment to date has included medications, consultation with specialists, diagnostics and conservative measures. The diagnostic testing that was performed included computerized axial tomography (CT scan) scan of the facial bones and computerized axial tomography (CT scan) scan of the brain. Currently, as per the physician progress note dated 2/27/15, the injured worker complains of chronic headaches, tinnitus, jaw pain, insomnia, neck and left upper arm pain, lower back and right radiating symptoms with right knee and right ankle pain. He complains of pain in the ears and memory and concentration difficulty. He reports that he has ringing in the ears and constant headaches. Physical exam revealed that he appears anxious but sleepy with tenderness in the left mandible and maxilla. It was noted that he has not responded well to Elavil and he sleeps but wakes with tinnitus. The physician requested treatment included One (1) consultation with an (ENT) Ears, Nose and Throat.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) consultation with an ENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tunkel DE, Bauer CA, Sun GH, Rosenfeld RM, Chandrasekhar SS, Cunningham ER Jr, Archer SM, Blakley BW, Carter JM, Granieri EC, Henry JA, Hollingsworth D, Khan FA, Mitchell S, Monfared A, Newman CW, Omole FS, Phillips CD, Robinson SK, Taw MB, Tyler RS, Waquespack R, Whamond EJ. Clinical practice guideline:tinnitus. Otolaryngol Head Neck Surg. 2014 Oct;151 (2 Suppl): S1-40. [263 reference] PubMed.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent specifically regarding ENT consultation. ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible".ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." Further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening".The medical documentation provided indicates this patient had a traumatic brain injury and has continued complaints of hearing loss, tinnitus and pain in bilateral ears that wakes them from sleep. As such, the request for One (1) consultation with an ENT is medically necessary at this time.