

Case Number:	CM15-0088298		
Date Assigned:	05/12/2015	Date of Injury:	11/04/2012
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 63 year old female, who sustained an industrial injury, November 4, 2012. The injured worker previously received the following treatments right knee x-rays, right shoulder x-rays and Percocet. The injured worker was diagnosed with left knee pain, severe right knee osteoarthritis and head injury. According to progress note of April 2, 2015, the injured workers chief complaint was persistent right knee and right shoulder pain. The injured worker reported barely able to ambulate secondary to pain. The physical exam noted tenderness around the right knee and right shoulder. New x-rays showed a progression in the osteoarthritis in the right knee. The right shoulder x-rays showed spurring on the under surface of the acromion, consistent with impingement syndrome. The right knee total knee arthroplasty in the near future. The injured worker sustained a head injury in the industrial injury. The injured worker was requesting a consultation for ears, nose and throat consultation. The treatment plan included ears, nose and throat consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Ear, Nose, Throat (ENT) Physician due to unspecified diagnosis related to head injury, as an outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case, a consult with an ENT specialist is being requested, but no clear rationale is provided. Although the patient had sustained a head injury in 2012, it is unclear what vestibular or other issues are present that would require ENT consult. Furthermore, a history of diagnostic work-up was not included in the submitted documentation. Therefore, this request is not medically necessary at this juncture without further documentation.