

Case Number:	CM14-0118113		
Date Assigned:	08/06/2014	Date of Injury:	08/14/2002
Decision Date:	12/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 797 pages for this review. The application for independent medical review was dated July 10, 2014. It was non certification for consultation and medication. There was a utilization review from July 8, 2014. The diagnoses were lumbar sprain and strain. There was cellulitis and abscess of the leg. There were other diagnoses of gangrene, lumbar sprain and strain, morbid obesity, old bucket handle tear of the medial meniscus and other noninfectious lymphedema. The clinical documentation provided was largely indecipherable and it was unclear what the reevaluation consultation was being requested for. There was some reference to an open wound but it is unknown if this is a current issue and there is no legible description of any wound or area of concern. Additionally the physical exam was not legible. The original reviewer could not certify the request due to insufficient information. The Bactrim was likely likewise non certified because of the illegible documentation. There was a primary treating physicians report from December 12, 2013. It was handwritten and not completely legible. The left shoulder, lumbar spine, left knee and right shoulder were the primary pain complaints. There was mention of a 1.25 wound. The patient complains of decreased low back pain. The medicine was OxyContin. Other items on the form simply could not be deciphered. Several health insurance claim forms were provided. An MRI showed degenerative lumbar spine disease from June 25, 2014. There was a PR-2 from June 23, 2014. It was simply not legible. It appears to say the patient is a candidate for a shoulder surgical intervention. The side of the shoulder was not legible. There was a note from the Emergency Department of Providence Health Services. She had left leg pain. She had fevers to 100.3 for the past two days. She had increasing left leg swelling and pain. She had a history of chronic lymphedema. She had multiple cellulitis infections of her left leg. Prior infections were Pseudomonas and MRSA. She reports no trauma. She denies any history of DVT or pulmonary embolism. There was bilateral severe lymphedema left worse than right. The

white count was slightly elevated. She has a left leg cellulitis. She will need IV antibiotic therapy. She previously required Daptomycin. Blood cultures were pending. She received Dilaudid for pain and was admitted to the hospital for further treatment. This admission was dated June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examination and Consultation, 2008

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) Chapter 7, page 127

Decision rationale: The ACOEM Guidelines, Chapter 7, page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation 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, I was not able to discern what specifically the consult re-evaluation was for. A large reason continued to be due to record illegibility on the records reviewed from the time-frame of the request. Moreover, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request is not medically necessary.

Bactrin DS by mouth BID 92 times per day) X 10 days # 20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference under Bactrim DS

Decision rationale: It is presumed '92' is a typographical error, and '2' times a day is correct, which is the standard dosage for this medicine. The MTUS and the ODG are silent on this request. Per the Physician Desk Reference, Bactrim is a broader spectrum sulfa based antibiotic often effective in many infections. The records from the time of the request were reviewed, and

unfortunately, they were not legible to do an effective or accurate utilization review analysis. Also, the infectious history is so complex in this case, that I was hoping to see what the infection disease recommendations were. The request is deemed not medically necessary.