

Case Number:	CM14-0151062		
Date Assigned:	10/13/2014	Date of Injury:	05/28/2014
Decision Date:	12/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 General Surgery, has a subspecialty in Plastic Surgery and is licensed to practice in Arizona and Texas. 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:

The injured worker is a 55-year-old male who reported injuries due to a fall over a machine, hitting his chin on the ground on 05/28/2014. On 10/16/2014, his diagnoses included fracture of the left mandibular condyle and facial pain. It was noted that no surgical treatment was needed for this injured worker. He required 2 more months of soft food precautions. There was a further recommendation for continuing dental work. This worker reported significant improvement of various symptoms, attributable to his dental work. He had minimal pain in his jaw, only when chewing hard food. He was returned to full duty. He was released from care with no permanent impairment, disability, or need for continuing or future treatment. On 08/14/2014, it was noted that he was awaiting a plastic surgery consult. There was no rationale associated with that request. On 08/19/2014, the treatment plan included a recommendation for a neurology consult to "evaluate neuropsych symptoms to rule out PSC." Requests for Authorization dated 08/15/2014 and 08/20/2014 respectively, were included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plastic Surgeon Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for plastic surgeon consult is not medically necessary. The California/ACOEM Guidelines note that a focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize frequency, intensity, and duration in this and other equivalent circumstances. During this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions, known as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care, when spontaneous recovery is expected, as long as associated work place factors are mitigated. There was no evidence in the submitted documentation that any signs or symptoms of a potentially serious condition which indicated that further consultation, support, or specialized treatment would be necessary. The guideline criteria have not been met in the submitted documentation. Therefore, this request for plastic surgeon consult is not medically necessary.

Neurology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for neurology consult is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. There was no evidence in the submitted documents that this injured worker had any neurological conditions which were impeding his recovery. The clinical information submitted does not support this request. Therefore, this request for neurology consult is not medically necessary.