

Case Number:	CM14-0178655		
Date Assigned:	11/03/2014	Date of Injury:	09/06/2011
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 and 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 31-year-old male who reported an injury on 09/06/2011. The mechanism of injury was not reported. His diagnoses included cervical protruding disc syndrome without current upper extremity radiculopathy, left shoulder and elbow strain/sprain, and bilateral knee contusions and strains. His past treatments included medication and physical therapy. Diagnostic studies included an MRI of the cervical spine and left knee performed on 04/17/2012 and x-rays of the cervical spine, left shoulder, and bilateral elbows and knees performed on 01/03/2013. The injured worker received left forearm surgery on 09/11/2011. The orthopedic agreed medical examination dated 01/03/2013 indicated the injured worker complained of occasional achy pain in the neck, left shoulder and left elbow that did not radiate. He also complained of constant achy pain in the right and left knees. Physical examination of the neck, left shoulder and elbow and the bilateral lower extremities revealed no gross deformity, palpable tenderness, rigidity or muscle spasm. His medications included naproxen. The request was for a plastic surgery consultation; however, the rationale for the request and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plastic Surgery Consultation: 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), Pain -

Office Visits and on the Non-MTUS ACOEM Practice Guidelines, 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 Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The request for a plastic surgery consultation is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medications such as certain antibiotics, require close monitoring. The clinical documentation submitted for review failed to provide a rationale for the request to support medical necessity. Additionally, the clinical documentation did not indicate that the injured worker was prescribed any medication, such as opiates, that required close monitoring. The documentation submitted for review failed to show that the request was supported by the evidence based guidelines. Therefore, the request for plastic surgery consultation is not medically necessary.