

Case Number:	CM14-0181716		
Date Assigned:	11/06/2014	Date of Injury:	06/22/2012
Decision Date:	12/09/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal 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:

The injured worker (IW) is a 75-year-old man with a date of injury of June 22, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated October 13, 2014, the IW states that over the last week-and-a half, he has progressive worsening in swelling in the entire leg and calf. On examination, there was obvious swelling in the entire calf, right compared to left, incorporating the ankle, calf, distal, middle and proximal, as well as the knee and the distal third of the femur such that he also has 2+ pitting edema. He has some slight tenderness in his calf with a +/- Homan's sign. He lacks approximately 5 degrees of full extension and knee flexes to 100. The IW was diagnosed with left shoulder impingement with tendinopathy, mild; right knee traumatic arthritis, status post total knee arthroplasty on September 6, 2013; chronic pain in the knee; and anxiety with depression. Current medications were not documented. The provider has recommended a Doppler study to identify the etiology of the calf swelling. The provider is also recommending an internal medicine consultation to evaluate liver function, kidneys and cardiac function. Review of the medical record did not reveal evidence of internal organ dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation to evaluate liver function, kidneys and cardiac function:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visit

Decision rationale: Pursuant to the Official Disability Guidelines, internal medicine consultation to evaluate liver function, kidneys and cardiac function is not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management visits to the offices of medical doctors play a critical role in the proper diagnosis and returned to function of an injured worker and should be encouraged. The knee is based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker was having swelling and pain that was progressive in the left and lower leg over the previous week. A request for a Doppler to rule out deep vein thrombosis was made and approved. The injured worker was status post knee arthroplasty from September 6, 2013. He was diagnosed with right knee traumatic arthritis and chronic pain, anxiety with depression. A review of the records is not reveal any indications or documentation of liver, kidney or cardiac dysfunction requiring a consultation or evaluation. The swollen leg was being properly evaluated with the Doppler study, however an internal medicine evaluation was not necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, internal medicine consultation to evaluate liver function, kidneys and cardiac function is not medically necessary.