

Case Number:	CM14-0093292		
Date Assigned:	07/25/2014	Date of Injury:	10/11/2012
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old male with an injury date of 10/11/2012. Based on the utilization review letter, the patient has edema in extremities on exam. The patient has a diagnosis of seborrheic keratosis and the current request is a consult for a dermatologist. The patient had developed lesions on his arms. The 10/09/2013 agreed medical evaluation states that the patient has intermittent neck pain that is mild to moderate in intensity. He has frequent stiffness and knots over the cervical paraspinal musculature and his pain radiates into the base of the skull with frequent headaches. In regards to his bilateral shoulders, he also has intermittent pain that is moderate in intensity. He has constant pain in his lower back which radiates to the buttocks area. He has frequent stiffness and knots over the lumbar paraspinal musculature and his pain is exacerbated with prolonged sitting or standing, repetitive bending and stooping, and sit-to-stand transitions. In regards to his bilateral knees, he has pain and swelling with prolonged standing, kneeling, squatting, and ascending or descending stairs or ladders. The patient complains of pain in his bilateral feet as well as swelling in the feet or ankles. The patient's diagnoses include the following: 1. Cervical strain. 2. Impingement, left shoulder. 3. Lumbar sprain. 4. Chondromalacia, bilateral knees. 5. Plantar fasciitis, bilateral feet. The utilization review determination being challenged is dated 05/22/2014. There is 1 illegible treatment report provided from 05/13/2014 and one agreed medical evaluation from 10/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for Dermatologist: Overturned

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

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) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. 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.

Decision rationale: Based on the utilization review denial letter, the patient presents with edema in the extremities on exam. The request is for a consult for dermatologist. There was no discussion provided as to why the patient needed a consultation with the dermatologist but the treater does raise the concern of seborrheic dermatitis. The ACOEM Guidelines page 127 states, "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." The ACOEM Guidelines supports specialty consultation for complex issues. The current treater may not feel comfortable or feel that it is within his/her specialty to address the patient's dermatology issues. As such, the request is medically necessary and appropriate.