

Case Number:	CM15-0019084		
Date Assigned:	02/06/2015	Date of Injury:	08/03/2012
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old male who sustained a work related injury August 3, 2012. He had a fall from five feet with injury to the right leg and diagnosis of comminuted fracture involving the proximal tibia and fibula. Past history included an open reduction and internal fixation of the right proximal tibia with reduction of the lateral tibial plateau fracture with two large fragment 4.5 plates and a total of nine screws, August 4, 2012 and a pacemaker April 2014. According to an orthopedic re-evaluation dated October 16, 2014, the injured worker presented with complaints of right knee pain. He uses a cane for ambulation secondary to pain. X-rays of the right knee revealed hardware is in place both medially and laterally. Impression is documented as post-traumatic arthritis, mild. The physician did administer a corticosteroid injection to the right knee and he tolerated the procedure well. A progress report dated November 6, 2014, finds the injured worker with right knee, right ankle, and bilateral hip and lumbar sacral pain. A request was made for a pain management consultation, 2-D Echocardiogram, medication, spine consultation and chiropractic treatment. According to utilization review dated January 7, 2015, the request for a Spine Consult is non-certified, citing MTUS ACOEM OMPG, Independent Medical Examinations and Consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine consult: 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 Examinations and Consultations page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, spine consult is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the diagnoses are contained in a handwritten largely illegible progress note. The diagnoses appear to be L/S disc; Bilateral hip sprain/strain; right knee status post open reduction internal fixation; right ankle sprain/strain; hypertension; anxiety/depression. The documentation does not contain objective clinical findings referable to the "spine". The injured worker is a 44-year-old with a date of injury August 3, 2012. The injured worker underwent open reduction internal fixation of the right proximal tibia on August 4, 2012. Additionally, he was diagnosed with ankle, hip, leg and back sprain. On August 7, 2013, the injured worker had a CAT scan of the tibia and fibula that reveal lateral patellofemoral compression and subchondral sclerosis as well as osteophytic overgrowth and periosteal hyperostosis at the proximal tibia and fibula articulation. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The documentation does not contain a specific clinical indication or rationale for a spine consultation. Consequently, absent clinical documentation with the clinical indication and/or rationale for referral to a spine surgeon, spine consult is not medically necessary.