

Case Number:	CM15-0118115		
Date Assigned:	06/26/2015	Date of Injury:	03/17/2012
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female, who sustained an industrial injury on 3/17/12. The injured worker has complaints of right knee pain and right leg phantom pain. The documentation noted that the injured worker reports left knee and left hip pain due to compensation from right below-the-knee amputation and altered gait. The documentation noted that there is tenderness upon palpation of the right leg stump with 1+ edema. The diagnoses have included right below knee amputation; right ankle dislocation complicated by gangrenous infection; right leg phantom limb pain; right lower extremity neuropathic pain and right knee pain secondary to overcompensation from right below knee amputation. Treatment to date has included tramadol; right below knee amputation on 4/23/12; pain contract; urine drug screen was consistent. The request was for orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: In summary, this claimant was injured in 2012. The diagnoses have included right below knee amputation; right ankle dislocation complicated by gangrenous infection; right leg phantom limb pain; right lower extremity neuropathic pain and right knee pain secondary to overcompensation from right below knee amputation. There is tenderness upon palpation of the right leg stump with 1+ edema. The request was for orthopedic consultation. Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for 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. An orthopedically correctable lesion is not identified in this case. Moreover, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified. Therefore, the requested treatment is not medically necessary.