

Case Number:	CM15-0124353		
Date Assigned:	07/08/2015	Date of Injury:	09/25/2013
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 9/25/2013, after a motor vehicle accident. The injured worker was diagnosed as having cervical/lumbar spondylosis, shoulder arthralgia/bursitis/impingement, and elbow osteoarthritis, lateral epicondylitis, and cubital tunnel syndrome. Treatment to date has included diagnostics, skin grafting, wound care, and medications. Currently, the injured worker complains of chronic pain in his lumbar and cervical spines. Pain radiated to his hips and he reported pain to both shoulders with overhead activities. Exam noted positive skin graft to the left elbow. The treatment plan included consultation and treatment for plastic surgery for prescribing topical cream for scar treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plastic surgeon consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in September 2013 due to a motor vehicle accident. He sustained multiple lacerations and was hospitalized for 14 days. He required a left arm skin graft with donor site from the left hip. When seen, he was having chronic pain. He had decreased left elbow range of motion limited by pain. There was lateral epicondyle tenderness and decreased sensation. Authorization for a plastic surgery consult for the purpose of prescribing topical treatment was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic elbow pain with decreased range of motion after skin grafting. A trial of a topical treatment or other management might be indicated. The request for a plastic surgery consult was medically necessary.