MAXIMUS Federal Services

Case Number:	CM15-0178791		
Date Assigned:	09/21/2015	Date of Injury:	02/18/2015
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 2-18-15. The documentation noted on 8-11-15 on the hospitals Admission History and Physical that the injured worker was admitted 8-5-15 to 8-7-15 due to complaints of abdominal pain, vomiting and diarrhea. The documentation noted that the injured worker has had several admissions since March of this year related to an infection of the left heel wound requiring debridement and prolonged antibiotics. The documentation noted while in the hospital the injured worker had elevated liver transaminases. Computerized tomography (CT) scan showed a distal colitis. Stool culture and clostridium difficile were negative. The injured worker was treated with vancomycin, rocephin and flagyl intravenously during the admission. The documentation noted on the morning of 8-10-15 the injured workers diarrhea and vomiting recurred and was intractable all day and was re-admitted to the hospital for further care. The injured workers past medical history included status post left calcaneal open reduction, internal fixation; methicillin-resistant staphylococcus aureus (MRSA) wound infection with several additional debridement's. The injured worker has a negative-pressure wound therapy and antibiotics. The diagnoses have included left heel crush injury; secondary infection; ongoing wound care and left ankle fracture. The original utilization review (8-19-15) non-certified the request for Referral to doctors at [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to doctors at [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: CA MTUS Guidelines Chapter 7, page 127, addresses specialty referrals. The patient is status post a left ankle fracture with post-operative infection. The request is for a referral to "the doctors at [redacted]." No reason for the referral, specific doctor or specialty is indicated. A diagnosis or rationale for the referral is not provided. This is not a valid request due to the lack of information provided, including reason for referral, specialty being referred to and medical necessity for the referral. The request is not medically necessary.