

Case Number:	CM15-0073934		
Date Assigned:	04/24/2015	Date of Injury:	02/04/2013
Decision Date:	05/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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: Indiana

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 48-year-old male, who sustained an industrial injury on 02/04/2013. He sustained injury to the low back, bilateral knees, stress and respiratory systems. Treatment to date has included intravenous antibiotics, x-rays, MRI, physical therapy and medications. According to a progress report dated 03/18/2015, the injured worker complained of worsening chest pain, worsening blood sugar levels at home, coughing blood and wheezing. Diagnoses included chemical exposure, shortness of breath secondary to chemical exposure, chest pain rule out cardiac versus anxiety, abdominal pain, diabetes mellitus rule out industrial aggravation (uncontrolled - rule out secondary to steroid inhalers), sleep disorder likely secondary to pain, rule out bronchitis and hyperlipidemia. Deferred diagnoses included psychiatric, orthopedic, interstitial infiltrates and bronchiectatic changes. The provider noted that an infectious disease specialist was pending. A kidney ultrasound and a pulmonary re-evaluation consult were ordered. Currently under review is the request for an infectious disease consultation and a kidney ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infectious disease consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a infectious disease specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The employee has an approved pulmonary consult. There is no justification given as to why an infectious disease consult is also required and what question the specialist will answer. There is no indication how that answer would change the diagnosis or management for this employee. Therefore, the request is not medically necessary.

Kidney Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a specialist who would do a kidney ultrasound. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically

feasible." There is no justification given as to why kidney ultrasound is also required and what question it will answer. There is no indication how that answer would change the diagnosis or management for this employee. Therefore, the request is not medically necessary.