MAXIMUS Federal Services

Case Number:	CM15-0098441		
Date Assigned:	05/29/2015	Date of Injury:	07/25/2006
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female injured worker suffered an industrial injury on 07/25/2008. The diagnoses included multiple contusion and fall. The diagnostics included left foot x-ray. On 1/7/2015 there was an emergency room visit after a fall at home on some steps and fell on her right knee, which hurts up and down her leg. She also reported that the top of her left foot hurts and her back had started to hurt as well. On exam, there was mild pain on the left foot. She complained of right ankle pain and mild right knee swelling. The treatment plan included Retrospective emergency room visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective emergency room visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nim.nlh.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Codes for Automated Approval Federal ER regulation (www.cga.ct.gov).

Decision rationale: The patient was injured on 07/25/08 and presents with hemorrhoids, gastritis, irritable bowel syndrome, poor sleep, neck pain, low back pain, bilateral lower leg sciatic pain, and chest pain. The retrospective request is for an EMERGENCY ROOM VISIT. MTUS, ACOEM do not cover ER visits but ODG guidelines Pain Chapter, under “Codes for Automated Approval:” It allows Maximum Occurrences to 1 for Emergency Dept visit, for diagnosis that include CRPS, Pain, not elsewhere classified, Chronic pain, Chronic pain syndrome, Causalgia of upper and lower limb, mononeuritis of unspecified site. Federal ER regulation (www.cga.ct.gov), "Under the new rule, if a person presents at the hospital campus seeking emergency medical treatment, the hospital has an EMTALA obligation to screen and stabilize him. If he does not make a verbal request for services, the hospital has an EMTALA obligation if a prudent layperson would consider the patient's behavior to indicate he would ask for emergency treatment if he could." It requires ER to screen everyone who presents to the department and determines whether or not the presenting situation is a medial emergency and provide appropriate evaluation. The records show an emergency room visit on 01/07/15. The 01/07/15 emergency treatment note states that the patient "fell on some steps at home and fell on her right knee and it hurts up and down her leg. Then she also said the top of her left foot hurts and her back is starting to hurt as well. She is walking. No incontinence. No LOC." ODG guidelines allow maximum occurrence of one ER visit for CRPS, Pain, not elsewhere classified, Chronic pain, Chronic pain syndrome, Causalgia of upper and lower limb, and mononeuritis of unspecified site. EMTALA as quoted above define emergency situation as symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in serious health jeopardy or bodily function. Such definition is not met in this patient who took a fall and experienced some increase in pain. However, the patient had little idea that this was a benign fall and ER visitation should be allowed for an evaluation. ODG allows for this unless the visits are repeated for similar reasons. The request IS medically necessary.