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## Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/18/2013

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	11/16/2011
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0012294

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
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## **HOW THE IMR FINAL DETERMINATION WAS MADE**

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine and cardiology, has a subspecialty in cardiovascular disease and is licensed to practice in Texas. 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 physician 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/services.

### **DOCUMENTS REVIEWED**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **CLINICAL CASE SUMMARY**

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 61-year-old with reported date of injury of 11/16/2011. Mechanism of injury is described as a repetitive task performed during her usual and customary duties. On 11/15/2012, the patient was seen in clinic and, at that time, medications included Vicodin and 2 unnamed muscle relaxants. The patient reported intermittent pain to her neck and pain to her low back and pain to her right elbow. The patient had undergone physical therapy and aquatic therapy at that time. Physical examination revealed upper extremity strength to be limited in the interossei rated at 4/5 bilaterally, with wrist dorsiflexion strength 4+/5 bilaterally. The patient had tenderness about the medial lateral epicondyle on the right elbow with complete extension and pronation and supination. The patient also had a positive Tinel's at the ulnar nerve on the right with dysesthesias in the 4th and 5th fingers on the right. The patient had pain to palpation about the lumbar spine with tenderness at L4-5 and L5-S1 centrally and to the right. Straight leg raise was negative in the seated position, and knee jerks were 2+ and ankle jerks 1+. Motor strength was 5/5. The patient returned to clinic on 07/02/2013 for continued complaints of pain. This was to her neck and low back. The patient was given intramuscular injections in the form of Toradol and B12 at that time. It was noted at that time that the patient should see a provider for internal medicine consultation for her elevated blood pressure and gastrointestinal complaints. The patient was seen again on 07/30/2013 and blood pressure was not noted and there was no indication of gastrointestinal complaints. Diagnoses at that time included C4-5 and C5-6 discopathy with radiculopathy and bilateral upper extremity overuse tendinopathy, lumbar sprain and strain, sleep disorder, gastrointestinal complaints, obesity, and bilateral cubital tunnel syndrome. The treatment plan at that time was to request an internal medicine consult.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. Internal medicine consultation is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 6, page 127, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 5), pages 89 – 92, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines, referral may be appropriate if the practitioner is uncomfortable, with treating a particular cause or delayed recovery, such as substance abuse, or has difficulty obtaining information or agreement to a treatment plan. The records show that when this employee was seen in clinic on 07/02/2013, it was noted the employee should see someone for an internal medicine consultation for elevated blood pressure and gastrointestinal events. However, the employee's blood pressure was not documented on that date and there was no indication that the employee was complaining of significant gastrointestinal events at that time. The employee's past medical history was reviewed, and this was documented on the Doctor's First Report of Occupational Injury or Illness. This indicated the employee had no history of asthma, liver disease, kidney disease, hypertension, cancer, heart disease, diabetes, blood pressure, or history of substance abuse. The employee had no significant gastrointestinal events documented on that date. The records do not indicate that the employee had any significant gastrointestinal events or hypertension on the employee's last clinical notes dated 07/02/2013 and 07/30/2013. At this time, rationale for the request for an internal medicine consult has not been provided for this review as the rationale given was for a blood pressure disorder and for gastrointestinal disorder, and these are not documented fully on the most current records provided, which indicate that there is no significant hypertension, hypotension, and no significant gastrointestinal complaints. **The request for an internal medicine consultation is not medically necessary.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

