

Case Number:	CM13-0004512		
Date Assigned:	11/20/2013	Date of Injury:	10/07/2011
Decision Date:	01/23/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

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 is licensed to practice in New York. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 pt is a 73 year old male who suffered an injury on 10/7/11 from an accident. The patient sustained multiple fractures at that time. He has a history of hypertension and benign prostatic hyperplasia, based on a 3/22/12 note. An internal medicine consultation was performed 7/5/13. A utilization review denied certification for this on 7/16/13. An appeal was filed on 7/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environment Medicine, Chapter 7, page 127, Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: ACOEM Guidelines state that an immediate consultation may be necessary if there are conditions present such as tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination suggesting pathology. Other criteria may include referral if the diagnosis is complex, uncertain, or when a plan of care may benefit from the expertise. The medical records provided for review do not indicate a referral for

a medical consultation or significant reasons for an internal medicine consultation, based on the recommendations of the ACOEM Guidelines. The request for an internal medicine consultation is not medically necessary and appropriate.