

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0016176 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 12/31/2007 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Physicla Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 57-year-old female who reported a work related injury on 12/31/2007. The patient's diagnoses included status post right knee arthroscopy, status post right shoulder scope, right shoulder sprain/strain, lumbar spine strain, and internal derangement of the knee. The most recent progress report dated 08/21/2013 documented subjective complaints of left knee pain with buckling and giving way, as well as low back pain. Objective findings revealed tenderness to palpation, decreased range of motion, and a positive McMurray's. The treatment plan included a request for authorization for an internal medicine consult to assess the diabetic condition of the patient

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation to assess diabetic condition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7 page 127

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

Decision rationale: Official Disability Guidelines recommend office visits as determined to be medically necessary, and state that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment". The clinical information submitted for review documented receipt of an amended claim adding diabetes to the injury, but there is lack of subjective or objective documentation of evidence to support a diagnosis of diabetes. Additionally, there are no glucose levels or lab work submitted for review to support the need for the requested service. As such, the request for an internal medicine consultation to assess diabetic condition is non-certified.