

Case Number:	CM13-0017148		
Date Assigned:	01/15/2014	Date of Injury:	11/13/2011
Decision Date:	04/22/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/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 52 year old male with a date of injury of 11/13/2011. The mechanism of injury is unclear according to the clinical document. The patient has been diagnosed with cervical and lumbar disc herniations, right elbow strain status post release, and anxiety. The physical exam findings show tenderness in the spine, as well as swelling, spasm, and restricted range of motion. Restricted range of motion was also noted in the elbow. The request is for a internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational Medicine Practice Guidelines, Chapter 7, Independent Medical Examinations And Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational And Environmental Medicine (Acoem), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations And Consultations.

Decision rationale: According to the clinical documents there is a lack of information that would justify an internal medicine referral. There is a lack of details in the clinical documents that pertain to the patient's diabetes management or outcomes. According to the clinical documentation provided and current MTUS guidelines; referral to internal medicine is not indicated as a medical necessity to the patient at this time. The request for an internal medicine consultation is not medically necessary and appropriate