

Case Number:	CM13-0025572		
Date Assigned:	11/20/2013	Date of Injury:	12/06/2006
Decision Date:	01/31/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation and Pain Management and has a subspecialty in Interventional Spine 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:

This is a 57-year-old female with a 12/6/2006 injury. She has been diagnosed with: cervical str/spr, r/o discopathy; lumbar str/spr, r/o discopathy; right knee str/spr r/o internal derangement; right lower extremity radiculitis; right ankle str/spr; right peroneal tendonitis. The IMR application shows a dispute with the 9/9/13 UR decision. The 9/9/13 UR decision was denial for a follow-up with the rheumatologist. It was based on the 7/25/13 report from [REDACTED]. Utilization Review states there were no findings of arthritis or severe osteoarthritis on imaging that would require a rheumatologist. The 7/25/13 report from [REDACTED] did not list a rationale for the rheumatologist, or discuss prior rheumatology visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Follow-up with Rheumatologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

Decision rationale: The 7/25/13 report from [REDACTED] does not discuss prior rheumatology reports, and does not provide a rationale for the request other than noted it was denied by UR. The 6/13/13 report from [REDACTED] also notes the rheumatology consult was denied, and does not provide a rationale. The 4/16/13 report from [REDACTED] is his initial evaluation and it states she has been seeing [REDACTED], a rheumatologist, and that [REDACTED] encouraged her to continue as rheumatology is out of his field of expertise. The report states the patient was referred to [REDACTED] in 2012 by her attorney, and that [REDACTED] told her she has fibromyalgia. ACOEM guidelines states a referral can be made if the diagnosis is uncertain or complex, if psychosocial factors are present, or when the course of care can benefit from other expertise. In this case, the rheumatologist already provided the diagnosis of fibromyalgia. The patient is reported to be seeing a psychologist for psychosocial issues, and there is no discussion of why the patient needs to follow-up with the rheumatologist. The request does not appear to be consistent with ACOEM guidelines.