

<b>Case Number:</b>	CM13-0027011		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 the District of Columbia. 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 patient reported an initial injury on September 15, 2011. She was found with both upper extremities (BUE) radiculitis, spondylosis at the C4-C7 level and multiple degenerative changes at the C6-7 level on an MRI done on August 5, 2013. On November 21, 2012 the patient underwent a right shoulder arthroscopy by [REDACTED]. She had limits to her range of motion and persistent pain with repetitive rotational movements of her head and neck. She was reevaluated by [REDACTED] for AME. She was prescribed Motrin 600mg and Norco 10/325. The patient had ongoing pain in her both lower extremities (BLE). An internal medicine consult was ordered for the patient having heartburn. This is the subject for evaluation

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 80.

**Decision rationale:** As per the MTUS and ACOEM guidelines, a medical consultation can be utilized if further investigation of particular issue is warranted and requires additional expertise. The patient had a complaint of heartburn but there was no further investigation or speculation from the documentation provided by the primary team taking care of this patient of what was causing it and what other differential diagnoses needed consideration. There is no indication for an internal medicine consultation.