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| Case Number: | CM13-0036293 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 02/23/1996 |
| Decision Date: | 02/17/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 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 61-year-old female who reported an injury on February 23, 1996. The mechanism of injury was not provided for review. The patient developed chronic pain in the neck, back, shoulder, head, right knee, hand, wrist, and left foot, complicated by a psychiatric overlay. Prior treatments included medications, physical therapy, acupuncture, chiropractic care, massage therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and psychiatric support. The patient's most recent clinical evaluation revealed positive impingement sign and tenderness over the acromioclavicular joint, tenderness to palpation and muscle spasming of the cervical spine, moderate tenderness with myofascial trigger points along the T4-8 musculature bilaterally, and palpable spasms on muscle fullness from L4-5 in the lumbosacral junction. The patient's diagnoses included bilateral carpal tunnel syndrome, chronic pain syndrome, fibromyalgia, chronic cervical, lumbar, thoracic strain/sprain, and spondylosis pain, depression and anxiety from pain. The patient's treatment plan included aquatherapy, chiropractic care, acupuncture, physical therapy, massage therapy, a TENS unit, and follow-up with a rheumatologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

follow-up with Rheumatology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 163.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient was previously approved for an appointment with a rheumatologist. However, there is no documentation to support that the patient was evaluated by a rheumatologist and contribution to the patient's treatment planning was provided as a result of that consultation. The American College of Occupational and Environmental Medicine recommends specialty consultations for complicated cases that require additional expertise. Clinical documentation submitted for review does provide evidence that the patient has a long and complicated history with psychiatric overlay that may benefit from specialty consultation. However, the clinical documentation does not provide any evidence that the patient had an initial consultation. Therefore, a follow-up consultation would not be supported by guideline recommendations. As such, the requested follow-up with rheumatology is not medically necessary or appropriate.