

Case Number:	CM13-0053175		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2013
Decision Date:	04/04/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine 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 55 year old female with date of injury 5/13/2013. The mechanism of injury is cumulative trauma sustained while performing her customary duties as a bank manager. The primary treating physician's progress report dated 9/12/2013 stated subjective complaints as neck pain radiating to the right upper extremity, bilateral shoulder pain with right side greater than left. Bilateral elbow pain, right side greater than left, with numbness and tingling to the fourth and fifth fingers of the right hand. Bilateral forearm/wrist/hand pain with associated numbness and tingling with right side greater than left. Objective findings include tenderness to palpation is present over the subacromial regions and acromioclavicular joints, bilaterally, right side greater than left. There was no change in contour, atrophy or other deformity in either elbow. Tenderness to palpation is primarily present over the lateral epicondyles and medial epicondyles, right side greater than left. The diagnoses are cervical spine musculoligamentous sprain/strain with attendant upper extremity radiculitis, right shoulder impingement and tendinitis post surgery, bilateral forearm flexor and extensor tenosynovitis, bilateral wrist sprain with de Quervian's tenosynovitis and probable carpal tunnel syndrome bilaterally and history and complaints of gastritis, abdominal pain and heartburn secondary to prescription medication for orthopedic complaints, comments deferred to consulting internal medicine specialist.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: According to the MTUS Guidelines, consultations or requested to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult it is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examining or patient. The medical record offers no subjective or objective documentation relating to a problem which an internal medicine specialist would address. The internal medicine consultation is not medically necessary.