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| Case Number: | CM13-0056201 | | |
| Date Assigned: | 06/09/2014 | Date of Injury: | 08/20/2011 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 injured worker is a 50-year-old female who reported an injury on 08/20/2011 caused by attempting to prevent a client that she was caring for from falling off the bed. The injured worker underwent an MRI study that revealed a 4.0 mm disc bulge at C5-6 that had unknown date of study. On 01/17/2014, the injured worker underwent a right knee medial meniscal tear and a chondromalacia of the patella. On 01/24/2014 the injured worker complained of right knee pain. It was noted the injured worker had right knee surgery secondary to the severity of her symptoms. On 02/18/2014, the physical examination revealed right knee pain and there was no VAS scale measurements indicated for the injured worker. It was noted that the injured worker was undergoing physical therapy treatment sessions. There were no medications listed for the injured worker. The injured worker's diagnoses included right knee medial meniscal tear, chondromalacia of the patella. The treatment plan included for decision for GI Consult. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine Guidelines, Referral Issues and the Independent Medical Examination (IME) Process. Page 127.

Decision rationale: The request for the decision for GI consult is Not medically necessary. Per ACOEM Occupational Medicine Practice Guidelines, recommends that Health Practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation, to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consult is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treating of examinee or patient. The documentation that was provided on 02/18/2014 lacked evidence of the injured worker having any GI symptoms. In addition, there was lack of conservative care such as physical therapy outcome and measurements and pain medication adverse side effects noted for the injured worker for the rationale for the request of a GI consult. The request for the GI consult for the injured worker is not medically necessary.