

<b>Case Number:</b>	CM13-0057659		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 42-year-old male who reported an injury on 01/30/2007. The mechanism of injury involved a fall. The patient is currently diagnosed with left shoulder sprain, lumbar sprain, hypertension, obesity, possible sleep disorder and stress with anxiety and depression. The patient was seen by [REDACTED] on 10/24/2013. The patient reported persistent pain in the left shoulder, low back, bilateral hips and left knee. The patient also reported stress and high blood pressure. Physical examination revealed positive Neer and Hawkins testing as well as tenderness over the lumbosacral spine. Treatment recommendations include a re-evaluation with [REDACTED], internal medicine, for high blood pressure as well as weight loss program for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reevaluation with [REDACTED] for intramuscular (I/M) Tri Iso Butyl Phosphate (TIBP):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause or delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient was seen by [REDACTED] on 12/27/2011. The patient did not require cholesterol or lipid lowering medications at that time. The patient declined a sleep study. It was recommended that the patient begin a weight loss program. The medical necessity for a re-evaluation at this time has not been established. There is no documentation of the patient's current vital signs. Based on the clinical information received, the request is not medically necessary.