

Case Number:	CM13-0059536		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2013
Decision Date:	03/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	12/02/2013

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 New York. 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 claimant is a 41 year old male who sustained a work related injury on 05/16/2013 when he fell while building a fence on a hillside. The hillside was rocky and gave way and he fell an unknown distance. He sustained injuries to the thoracic and lumbar spine, left shoulder, right ankle and foot. On exam he continues to complain back, left shoulder, and right ankle pain. There is pain in the thoracic spine with range of motion with normal reflexes and sensation in the upper extremities. Examination of the left shoulder demonstrates pain with range of motion with positive impingement test and a positive Hawkins test. Examination of the lumbar spine revealed a normal gait with normal motor and sensory exam of the lower extremities. Range of motion of the right ankle is only described as slightly diminished. X-rays to date have demonstrated no fractures; x-rays of the right ankle demonstrated mild degenerative changes. He has been treated with medication and physical therapy. The treating provider has recommended an Internal Medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/American College of Occupational and Environmental Medicine (ACOEM) Guidelines 2004, 2nd Edition, Chapter 7, pg. 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) page 127.

Decision rationale: Per the reviewed medical documentation the claimant has no documented internal medical problems as a result of the work related injury which occurred on 05/16/2013. His injuries were all orthopedic in nature. Per Occupational Medicine Practice Guidelines, a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when the plan or course of care may benefit from additional expertise. In this case an Internal Medicine consultation for the evaluation and treatment of the claimant's injuries related to his fall is not indicated. Medical necessity for the requested service has not been established. The requested service is not medically necessary.