

Case Number:	CM13-0061399		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2011
Decision Date:	06/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Pain Management 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 58 year-old male who sustained an injury to his left shoulder on 03/10/11 after a fall from a ladder. The records indicate that the injured worker underwent a chest-tube thoracotomy and left elbow surgery. An EMG study dated 09/04/13 reportedly revealed mild bilateral ulnar neuropathies at the elbows consistent with the clinical diagnosis of bilateral tardy ulnar neuropathies, no evidence of carpal tunnel syndrome or proximal denervation about the right shoulder. MRI of the left shoulder dated 10/25/12 revealed mild infraspinatus tendinosis visible tear; minimal degenerative bone spurring of the humeral head; mild acromioclavicular joint arthrosis. The disputed issue is a request for internal medicine consultation to evaluate the lung/chest injury. The rationale for this was documented in a QME report on date of service 8/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation for lung and chest injury: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) , 7, 127

Decision rationale: The California Medical Treatment and Utilization Schedule do not have specific guidelines with regard to consulting specialists. American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Second Edition state the following in Chapter 7 on page 127: "The occupational 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. The disputed issue is a request for internal medicine consultation to evaluate the lung/chest injury. The rationale for this was documented in a QME report on date of service 8/12/2013. The original injury resulted in severe displaced left sided rib fractures posteriorly, and there was a small left pleural effusion associated with atelectasis on 3/28/2011. The physical examination documented on 8/12/2013 showed "guarding along the thoracic paraspinal musculature." There is left-sided thoracic anterior displacement and the left 11th and 12th ribs are everted. The idea of the medical evaluator was for multi-disciplinary management and evaluation of the patient's pathologies, which involve musculoskeletal, thoracic, psychiatric, and ophthalmologic issues. Since this patient has a history of lung injury, it is reasonable for the patient to seek internal medicine consultation and rule out any lingering lung pathologies since the patient reports continued pain in this region. This request is medically necessary at this time.