

<b>Case Number:</b>	CM13-0061798		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 patient is a 44 year old male with a date of injury on 02/29/2012. He was working as a driver and was trying to carry heavy material. The patient has Crohn's disease and is followed by a gastroenterologist. The request is for additional follow up with an internist for Crohn's disease. He had shoulder surgery on 05/23/2013. He has cervical spine stenosis. On 10/07/2013 he had pre-operative chest x-ray and EKG. He had Crohn's disease for the past 7 years. He denied any cardiac or pulmonary disease. He smokes ½ a pack per day. Chest was clear. Heart sounds were normal. Abdomen was soft. Gait and station were normal. He was cleared for surgery. On 10/18/2013 he had multilevel cervical spine fusion with instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence; BMJ Publishing Group, Ltd, London England; [www.clinicalevidence.com](http://www.clinicalevidence.com); Section: Digestive System Disorders; Condition: Crohn's Disease.

**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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

**Decision rationale:** There are no MTUS/ACOEM guidelines or ODG for Crohn's disease. The only internal medicine condition that he has is Crohn's disease which is stable and is being followed by a gastroenterologist. There is no reason for an internist to follow this patient as he is already being followed by a gastroenterologist.