

Case Number:	CM13-0062498		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2010
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine 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 reported an injury on 11/22/2010. The mechanism of injury was not provided in the medical records. The patient is diagnosed with status post left knee arthroscopy, status post right knee contusion, bilateral wrist and hand symptoms, and complaints of stomach upset/gastritis secondary to prolonged use of over-the-counter medications. The patient was noted to have specifically complained of stomach upset, gastritis, and occasional diarrhea as well as a history of extensive use of over-the-counter medications including Tylenol and Advil. Therefore, a recommendation was made for an evaluation by an internal medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH INTERNAL MEDICINE SPECIALIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

Decision rationale: According to the Official Disability Guidelines office visits with medical doctors play an important role in the proper diagnosis, treatment, and return to function for

injured workers, and should be encouraged. As the patient is noted to have significant symptoms of gastrointestinal upset, diarrhea, as well as chronic pain, the request for a consult with an internal medicine specialist is supported. As such, the request is certified.