

Case Number:	CM13-0063921		
Date Assigned:	01/03/2014	Date of Injury:	02/02/2008
Decision Date:	03/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 ABFP, has a subspecialty in ABPM 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 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 44 year old male claimant sustained an injury to his lumbar spine and left knee on February 2, 2008. He had a diagnosis of a left knee contusion and sprain. An MRI of the knee was consistent with chondromalacia. He had undergone therapy for his knee pain. An MR Arthrogram in 2010 showed moderate cartilage loss of his left knee for which he received injections. In April 2012, he underwent a lumbar laminectomy. Along with the injury, he had a generalized anxiety disorder, depressive mood and diabetes. In November 2013, a request was made for an internal medicine evaluation due diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Internal Medicine for Evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Specialist, page(s) 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in

diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the specialist request is for an internist. The diagnosis of diabetes is not related to the industrial injury and is not mentioned as complex or complicating the claimant's injury or placing him at risk due to any metabolic abnormalities that would interfere with his injury. As a result, an internal medicine consultation is not medically necessary.