

Case Number:	CM13-0064767		
Date Assigned:	01/03/2014	Date of Injury:	08/01/2011
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine 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 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 an employee of [REDACTED] and has submitted a claim for neck sprain, carpal tunnel syndrome, and lumbar sprain associated with an industrial injury date of 08/01/2011. The treatment to date has included tenosynovectomy and carpal tunnel release of the left wrist on 11/08/2012, chiropractic care, physical therapy, acupuncture, orthopedic bracing, lumbar spine pillow, paraffin bath, individual and group psychotherapy, and medications including Fexmid, Norco, Carvedilol, Potassium Chloride, Aspirin, Meclizine, Ibuprofen, Clonidine, Diazepam, and Omeprazole. The utilization review from 11/26/2013 denied the request for internal medicine consult because there was no detailed assessment on the recent clinical data regarding the need for a referral. Medical records from 2012 to 2013 were reviewed showing that patient complained of lumbosacral and bilateral wrist pain graded 7/10 and relieved to 5/10 upon intake of medications. This resulted to difficulty in activities requiring pushing, pulling, grasping, lifting, and finger manipulation. Physical examination showed tenderness, muscle guarding and spasm over the paracervical, paralumbar, and upper trapezius, bilaterally. Range of motion for both cervical and lumbar spine was limited on all planes. Axial compression test and Spurling's maneuver elicited increased neck pain without radicular component to the upper extremity. Straight leg raising test, both seated and supine, was positive eliciting radiating pain extending to the bilateral lower extremities in the L4-L5 nerve root distributions, bilaterally. Tinel's and Phalen's tests were positive on the right eliciting migrating paresthesia extending to the thumb and index finger of the right hand. Motor strength was 5/5 at all extremities. Deep tendon reflexes were equal and symmetric. Patient had normal gait pattern. Sensation to pinprick and light touch in the bilateral upper extremities was decreased along the median nerve distribution of both hands, L4 and L5 dermatomes, bilaterally.

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 ACOEM, page127.

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 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, patient was documented to have cardiomyopathy since 1998 and hypertension since 2005 as cited in a report dated 07/24/2012. Referral to internal medicine was necessary because of patient's comorbidities as written on 10/24/2013. However, recent progress reports did not specify the sudden necessity for a referral even if cardiomyopathy and hypertension were noted as early as 2012. There are no subjective complaints as well as comprehensive physical examination pertaining to the cardiovascular system requiring the need for a referral. Therefore, the request for internal medicine consult is not medically necessary.