

Case Number:	CM13-0066667		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2009
Decision Date:	03/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 patient is a 62 year old female who was injured on 12/10/2009. Her diagnoses include hypertension, diabetes, DeQuervain's tenosynovitis s/p right wrist release in 2009 and further revision in March 2011. The mechanism of injury is unknown. The records provided an amended clinic note dated 11/18/2013, which was hand written and not completely legible. Subjective complaints included patient reported blood pressure and diabetes not under control. Diagnosis was high blood pressure, diabetes, and upper GI(Gastro Intestinal) complaints. Recommendation was consultation by internal medicine due to increasing development of high blood pressure and upper GI complaints to maintain tighter control of her blood pressure medications and diabetes medications to avoid heart attack or stroke and avoid risk of further end-organ damage and improve her diabetic and hypertensive control. Blood pressure during that clinic visit was documented as 141/91

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for an internal medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, Chapter 7-Independent Medical Examination and Consultation.

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), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503.

Decision rationale: As per ACOEM, "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." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient was subjectively complaining of poor blood pressure control. Moreover, the provider documented blood pressure of 141/91. Blood pressure above 139/89 is considered hypertension. The management of hypertension is beyond the scope of the provider referenced in the documents provided. Hypertension can be managed by an Internal Medicine physician, and should include the appropriate work up of history, physical exam, and labs such as basic metabolic panel, CBC (Complete Blood Picture), TSH (Thyroid Stimulating Hormone) and EKG (Electrocardiography). Treatment includes lifestyle modification such as dietary changes and exercise, as well as antihypertensive medications. Complications of hypertension include heart attack, stroke, kidney disease, peripheral vascular disease and eye disease. Thus, the request for internal medicine consultation is medically necessary and appropriate.