MAXIMUS Federal Services

Case Number:	CM14-0000925		
Date Assigned:	01/22/2014	Date of Injury:	03/11/2013
Decision Date:	08/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 65-year-old female with a 3/11/13 date of injury to the left hip. She sustained a left hip fracture and then later underwent left hip replacement (3/12/13). On 9/3/13, there was documented right posterior neck pain, right upper/mid back pain, low back pain, right shoulder pain, posttraumatic insomnia, right knee pain, and anterior left hip pain. It was noted the patient had upper GI complaints of burning and irritation with oral medications, loose stools, bowel/bladder incontinence that were possibly pre-existing. Clinically, there was tenderness in the low back with reduced range of motion and hypertonicity. There was 4/5 lower extremity strength. The patient was noted to utilize omeprazole and Anaprox. Internal medicine consultation was requested for gastritis and bowel/bladder incontinence. 11/26/13 treatment request documented the need for an internal medicine consultation to evaluate and treat diarrhea. 1/23/14 note described left hip pain. The patient is approximately 10 months post left bipolar hemiarthroplasty for a displaced femoral neck fracture. She continues to improve overall, has decreased pain and increased function. The patient has no other constitutional symptoms or other worrisome signs. Strengthening program was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION AND TREATMENT FOR DIARRHEA COMPLAINTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations pages 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x CA MTUS 2009: 9792.23. Clinical Topics. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156).

Decision rationale: Medical necessity for the requested internal medicine consultation is not established. CA MTUS states a 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. It was noted that the patient had some gastric complaints. A request for internal medicine consultation previously obtained an adverse determination as there was very little discussed regarding the history of the patient's diarrhea, with onset of symptoms, associated symptomatic complaints, and if there were any attempted treatments, including diet and/or medications. There is little discussed regarding etiology of the gastric complaints. Within the context of this appeal, there was no further discussion regarding the patient's gastric complaints and the request is not substantiated.