

Case Number:	CM14-0005544		
Date Assigned:	01/24/2014	Date of Injury:	09/03/2013
Decision Date:	07/03/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational 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:

This is a 38-year-old male patient with a 9/3/13 date of injury. The patient stated that he jumped off the bike fell onto his left shoulder then onto the back and left knee. A 9/4/13 progress report indicated inability to lift his arm above the chest; pain was 9/4. Left knee was positive for bruising and mild swelling, with normal range of motion. He was referred to an orthopedic surgeon and prescribed Norco. 12/20/13 progress report indicated that the patient continued with left shoulder pain. The patient is status post ACL repair and he still had some swelling and stiffness, especially with heavy use. He was diagnosed with shoulder impingement, knee tendinitis/bursitis. 1/7/14 progress report indicated that the patient had developed hypertension that had worsened due to his industrial injury. As noted in the review, the clinical diagnosis was outside of doctor's scope of practice, and internal medicine consultation was being requested by the appropriate specialist in order to address the patient's hypertension and industrial injury connectivity. There is documentation of a previous 12/23/13 adverse determination, based on the fact that there was no documentation to support the necessity of an internal medicine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, PAGE 127.

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) Chapter 7 - Independent Medical Examinations and Consultations, Chapter 6 (pp 127, 156).

Decision rationale: CA ACOEM states that consultations are recommended, and 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. The patient presented with pain in the left shoulder with a pain level of 9/10. He was referred to an orthopedic surgeon and prescribed Norco. The patient also has hypertension, which worsened after the injury, and the doctor requested for a consultation with a specialist to address the connection between hypertension and the industrial injury. However, there remains no specific evidence of pre-existing hypertension. It is unclear whether hypertension would have aggravated following an industrial injury. There is also no explanation regarding why treatment of hypertension is necessary under this claim in order to effectively treat the left shoulder. There is no evidence that lower levels of care were exhausted, or that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Therefore, the request for an INTERNAL MEDICINE EVALUATION was not medically necessary.