

Case Number:	CM14-0006967		
Date Assigned:	02/07/2014	Date of Injury:	03/08/2012
Decision Date:	07/22/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 40-year-old female who has submitted a claim for left ankle sprain status post left knee arthroscopy associated with an industrial injury date of March 8, 2012. Medical records from 2013 were reviewed. The patient complained of left knee and low back pain. The left knee pain was aggravated by squatting, kneeling, ascending and descending stairs, walking, prolonged standing, and sitting. The low back pain radiates to the left lower extremities. There was noted altered gait. Physical examination showed lumbar spine tenderness mid to distal lumbar segments. There was pain on terminal motion. Straight leg raise test was positive. Tenderness was also noted on the left knee joint line. There was knee pain on terminal flexion. For the left ankle, there was tenderness on the joint line and pain with terminal motion. There was restricted range of motion of the left ankle. Imaging studies were not made available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left knee surgery. Utilization review, dated December 19, 2013, denied the request for internist consultation because there was no medical necessity for a consultation of a gastrointestinal condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , , 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) Independent Medical Examinations and Consultations chapter, page 127 and 156.

Decision rationale: As stated on page 127 & 156 of the ACOEM Guidelines 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. In this case, the patient experiences stomach upset with the use of Naproxen. However, there was no objective evidence of any gastrointestinal condition. In addition, there was a concurrent use of Omeprazole which reportedly provide symptomatic relief of acid reflux and stomach upset with Naproxen. In addition, an NSAID (Toradol) was still given intramuscularly even if a gastrointestinal condition was being considered. The necessity for a consult to an internist has not been established. Therefore, the request for INTERNIST CONSULTATION is not medically necessary.