

Case Number:	CM14-0008172		
Date Assigned:	01/24/2014	Date of Injury:	07/25/2001
Decision Date:	06/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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 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:

The patient is a 72-year-old male who has submitted a claim for slip and fall injuring the head, left side of the body and right hand, left radial head fracture, bilateral thoracic outlet syndrome, degenerative lumbar disc and lateral epicondylitis associated with an industrial injury date of July 25, 2001. Medical records from 2003-2014 were reviewed, the latest of which dated January 22, 2014 revealed that the patient complains of right elbow, hand and arm pain, and left hip and knee pain. He also complains of heartburn. He was noted to be snoring a night. There was increased fatigue and difficulty in word finding. The patient complains of headaches, and pain in the heel and balls of his feet. There was leg and feet cramping and muscle spasm. There was muscle burning the whole body including hands and fingers. There was noted random twitching of fingers, both hands in the thumb and second finger. Patient still complains of difficulty sleeping. On physical examination done January 8, 2014, there was full range of motion of his right elbow with pain at the extremes of flexion and extension but has exquisite persistent tenderness over the right lateral epicondyle. Treatment to date has included physical therapy, aqua therapy, nocturnal sleep study, Botulinum toxin injection, and medications which include Voltaren Gel, Wellbutrin, Lunesta, Lyrica, Ultram, Tylenol, Zolpidem and iron. Utilization review from November 22, 2013 denied the request for Follow-Up Visits with a Hematologist for Treatment of Anemia because medical records do not establish a thorough history of this condition including prior hematology progress reports and evaluation of what type of treatment he has been rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP VISITS HEMATOLOGIST FOR TREATMENT OF ANEMIA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, pages 127, 156

Decision rationale: As stated on pages 127, 156 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, 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. In this case, the patient has a history of fatigue and weakness, and noted low red blood cells (RBC) (4/15/10, 5/17/10) and low white blood cells (WBC) (5/17/10). The patient was referred to a hematologist and was treated with iron supplement. The outcome of treatment is unknown due to lack of documentation. In the most recent clinical evaluation, the patient complained of fatigue; however, this was associated with insomnia. There was no subjective and objective finding that would warrant further consultation with a specialist. Moreover, the number of follow-up visits was not specified. Therefore, the request for Follow-Up Visits with a Hematologist for Treatment of Anemia is not medically necessary.