

Case Number:	CM14-0010002		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2012
Decision Date:	07/18/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 46-year-old female who was reportedly injured on February 8, 2012. The mechanism of injury was a fall onto the right arm. The most recent progress note dated January 16, 2014, revealed that there were ongoing complaints of right shoulder pain. There was a past medical history of hypertension and benign prostatic hypertrophy. Current medications included Flomax and losartan. Previous physical therapy was stated not to be helpful. A magnetic resonance image showed tears in the right rotator cuff and surgery was suggested. There was no physical examination performed on the musculoskeletal system. Recent laboratory studies were remarkable for mild hyponatremia and mild hypokalemia. There were diagnoses of right shoulder pain, hypertension, benign prostatic hypertrophy, dermatitis, as well as mild hyponatremia and hypokalemia. A request had been made for an internal medicine consultation and was not certified in the pre-authorization process on January 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), 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, page 127.

Decision rationale: According to the American College of Occupational and Environmental Medicine, a practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex. According to the most recent medical record dated January 16, 2014, there is no concerning medical history or change that would warrant a specialty consultation to internal medicine. The discovery of mild hyponatremia and mild hypokalemia was determined not to be a threat and safe for anesthesia and potential surgery. This request for an internal medicine consultation is not medically necessary.