

Case Number:	CM14-0012050		
Date Assigned:	02/21/2014	Date of Injury:	01/04/2013
Decision Date:	08/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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, has a subspecialty in Pulmonary Diseases 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 injured worker is a 61-year-old female who reported an injury on 01/04/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injuries to multiple body parts. The injured worker's treatment history included physical therapy, acupuncture, immobilization, injections, and multiple medications. The injured worker was evaluated on 01/19/2014. It was noted that the injured worker had right upper quadrant pain complaints. The injured worker's physical findings included tenderness to palpation of the paravertebral musculature of the lumbar spine, a positive straight leg raising test, and positive radiating pain to the right buttock. It was noted that the injured worker had tenderness to palpation of the bilateral shoulders, positive bilateral impingement test, and decreased range of motion of the bilateral shoulders. The injured worker's diagnoses included fatty liver, diabetes mellitus, hypertension, lumbosacral spondylosis, bilateral shoulder sprain, left elbow lateral epicondylitis, and left wrist sprain/strain. The injured worker's treatment plan included a consultation for an internal medicine specialist and rheumatologist specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A RHEUMATOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 7- INDEPENDANT MEDICAL EXAMINATIONS AND CONSULTATIONS.

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) 7, page(s) 127.

Decision rationale: The requested Consultation With A Rheumatologist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultations for injured workers who have complicated diagnoses that would benefit from specialized recommendations to contribute to treatment planning. The injured worker does have several internal medicine comorbidities. However, the clinical documentation submitted for review does not provide any justification for the need for a rheumatologist. There is no indication of significant joint inflammation or other types of deficits that would require evaluation by a rheumatologist. As such, the requested Consultation With A Rheumatologist is not medically necessary.