

<b>Case Number:</b>	CM14-0012930		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Neurological Surgery 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 claimant is a 51-year-old male, who was injured on February 26, 2013. The patient is documented as having comorbid issues with obesity, obstructive sleep apnea, hypertension, hyperglycemia, otitis media and type II diabetes. Multiple clinical progress notes recommend evaluation by internal medicine for "chest complaints." The utilization review in question was rendered on January 17, 2014. The reviewer indicates the documentation provided does not contain complaints other than musculoskeletal conditions and there does not appear to be rationale for the referral to internal medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTERNAL MEDICINE CONSULT (CHEST): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE GUIDELINES 2ND EDITION 2004, CHAPTER 7 INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS, 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:** There is insufficient documentation provided to support this request. Based on the clinical documentation provided, the claimant does have multiple medical comorbidities, but there is no indication of what the chest complaints are or any workup that has been performed. As such, the request for an internal medicine consultant for the chest is not medically necessary and appropriate.