

Case Number:	CM14-0013739		
Date Assigned:	02/21/2014	Date of Injury:	11/14/2013
Decision Date:	08/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 68 year old male who was injured from 2/13/08 to 11/14/13. He was diagnosed with lumbar and neck sprain/strain as well as bilateral hand arthritis. He has a medical history significant for diabetes and hypertension. He was also diagnosed with congestive heart failure in 2011 and underwent angioplasty. He was seen by his treating physician on 12/27/13 complaining of ear pain, neck pain with radiation to both arms, bilateral wrist/hand pain associated with tingling and numbness, mid and low back pain with radiation to right buttock, anxiety, and insomnia. He reported taking lasix, potassium, Omeprazole, and vitamins at that visit. Blood pressure was 130/70. He was recommended to get x-rays of his neck, back, and hands, and also was recommended he start Motrin, Omeprazole, and TENS unit as well as go to physical therapy. Chiropractor visits were recommended. Also, an internal medicine consult (with associated treatment) was recommended and requested for approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to internal medicine evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, referral to an internal medicine physician would be appropriate in the setting of the patient having diabetes, hypertension, heart failure, and a history of angioplasty. However, the specific request was for evaluation and treatment. The evaluation would be appropriate, but the treatment cannot be reviewed until after the consultation, if requested then. Therefore the request for a referral to internal medicine evaluation and treatment is not medically necessary and appropriate.