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| <b>Case Number:</b>   | CM14-0118151 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 07/01/2012 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 07/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/25/2014 |

### 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 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:

This is a female patient who reported an industrial injury to the neck and bilateral upper extremities on 7/1/2012, over two (2) years ago, attributed to the performance of his usual and customary job tasks reported as cumulative trauma. The patient was reported to be complaining of headaches, difficulty sleeping, stress, anxiety, and abdominal pain and as such was referred to an internal medicine physician. The patient was being treated orthopedically. The objective findings on examination included paravertebral tenderness; restricted range of motion of the cervical spine; neurological exam is intact to the upper and lower extremities; deep tendon reflexes are 2+ and symmetrical; right shoulder with 150 of abduction and forward flexion; pain at the extremes of motion; 4+5 rotator cuff strength; left shoulder with 150 of abduction and 160 of flexion; slight pain at the extremes of motion; 4+/5 rotator cuff strength; Tinel's test negative in the cubital tunnel; healed incision's over the lateral epicondyles and in the right anti-cubital fossa; healed carpal tunnel incision; full range of motion; Phalen's test is negative; Tinel's test is negative; decreased sensation light touch in the third, fourth, and fifth fingers bilaterally. The MRI of the cervical spine dated 9/3/2013 documented evidence of moderate foraminal stenosis at C4-C5 due to a 2-3 mm disc osteophyte complex; mild to moderate foraminal stenosis at C5-C6 and moderate right neural foraminal stenosis at C6-C7; multilevel spondylytic changes. The treating diagnoses included cervical spine myoligamentous sprain/strain; cervical spondylosis and neural foraminal narrowing; status post right shoulder arthroscopy, arthroscopic subacromial decompression and distal clavicle excision; status post left shoulder arthroscopic surgery; status post bilateral lateral epicondyle or releases; status post bilateral carpal tunnel releases; status post exploration of the right biceps tendon. The treatment plan included the prescription of Norco and an internal medicine consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Internal Medicine Consultation and Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines: Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter---knee arthroplasty; American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 7 page 127

**Decision rationale:** There is no objective evidence provided by the treating physician to support the medical necessity of an internal medicine consultation for the treatment of the patient on an industrial basis. There was no rationale provided to support the medical necessity of the internal medicine consultation in relation to the industrial injury. There was no provided evidence to support an aggravation or exacerbation of the underlying medical issues of the patient that are described as comorbid medical issues. There is no objective evidence provided to support the medical necessity of an IM consult for the effects of the industrial injury. The patient was reported to have complaints of symptoms of abdominal pain, anxiety, stress, headaches; however, they were not documented in the objective findings on examination. There was no diagnosis related to an internal medicine related issue. There were no objective findings on examination to support the medical necessity of the IM consult. There was no provided rationale or nexus to the cited mechanism of injury. There were no provided diagnoses to warrant an internal medicine consult. The industrial claim was for the reported RSI injury to the cervical spine and bilateral upper extremities. The request for authorization of the Internal Medicine Consultation is not supported with any objective evidence/subjective evidence and is not demonstrated to be medically necessary. The treating physician fails to provide a rationale for the medical necessity of an IM consultation for the industrial treatment of underlying medical issues that are not accepted as part of the industrial claim and have no nexus to the cited injury or mechanism of injury. Therefore, Internal Medicine Consultation and Treatment is not medically necessary.