

Case Number:	CM14-0123939		
Date Assigned:	08/08/2014	Date of Injury:	10/10/1998
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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 and is licensed to practice in Virginia and District of Columbia. 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 58 year old patient who sustained injury on Oct 10 1998 and had bilateral upper extremity pain with numbness/tingling and weakness. He was diagnosed with lateral epicondylitis. The patient was ordered to have chiropractic therapy for cervical radiculopathy and an Electromyography (EMG) of the lower extremities. The patient received steroid injections to the shoulder which were minimally helpful. The patient had ongoing issues with right wrist pain and neck pain. The patient was diagnosed with lumbar spine strain with spondylosis and was prescribed cycloketolol, tramadol, prilosec. He had developed issues with shortness of breath and was being assessed for anxiety by a psychologist. A request was made for internist consultation for shortness of breath and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation for shortness of breath and anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 6 page 163, consultation.

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 6.

Decision rationale: Per ACOEM guidelines, a consultation is supposed to aid in the assessment of diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. The patient was evaluated by a psychologist but it is not clear if the assessment is for stress and insomnia had been approved. From the documentation provided, medicine consultation does not appear to be supported.