

Case Number:	CM14-0159827		
Date Assigned:	10/03/2014	Date of Injury:	04/17/2013
Decision Date:	11/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Colorado. 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 case involves a 37 year old male with date of injury of 4/17/2013 and continues to follow-up with treating physician. Records supplied indicate that patient has right shoulder pain and multiple other joint pains as well as insomnia. The patient has had several evaluations and treatments ordered, though not clear from the records if those have been completed / attempted. Per the records: EMG/NCV has been ordered; MRI has been ordered; orthopedic consult made; chiropractic consult made; and topical creams ordered for pain. The patient has not had significant relief from any interventions except extracorporeal shockwave therapy which provided moderate relief. The patient was seen by internal medicine 8/14/2014 for insomnia and polyarthralgia. Per internal medicine, Ambien was recommended and serological studies were ordered to rule out rheumatologic disorder. The records supplied do not include the results of those tests. The treating physician requests internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127 and Non-MTUS Official Disability Guidelines (ODG), Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 803-804, 859-860. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Chapter 6 page 163

Decision rationale: The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. The injured worker has multiple arthralgias, and insomnia. He was evaluated by internal medicine 8/14/2014, and psychogenic insomnia diagnosed. The internal medicine provider also noted that patient's polyarthralgia was likely not rheumatological. The records supplied for review does not indicate that any new conditions have presented that would require internal medicine evaluation, and the previous conditions have been addressed. Therefore, this request is not medically necessary.