

Case Number:	CM14-0164657		
Date Assigned:	10/09/2014	Date of Injury:	09/09/2010
Decision Date:	12/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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 35-year-old male with a 9/9/10 date of injury. The injury occurred as the result of a slip and fall. According to a handwritten and partially illegible internal medicine note dated 8/13/14, there were no noted subjective complaints. Objective findings: illegible. Diagnostic impression (based on 4/15/14 report): musculoskeletal injuries, emotional stress, hypertension, diabetes mellitus, rule out diabetic peripheral neuropathy, rule out angina pectoris. Treatment to date: medication management, activity modification. A UR decision dated 9/8/14 denied the request for follow-up consult with internal medicine. The information provided for review lacks clinical documentation. There is a lack of documentation related to functional deficits and physical assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consult internal medicine: 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), Treatment Index, 11th Edition (web), 2014, Diabetes, office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS does not specifically address this issue. ODG states that evaluation and management (E and M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. However, in the present case, the most recent medical records provided for review were illegible. In addition, it is noted that this patient had an initial internal medicine consultation performed on 4/15/14 with subsequent follow-up visits. However, a specific rationale identifying why this patient needs additional internal medicine follow-up was not provided. Therefore, the request for Follow up consult internal medicine was not medically necessary.