

<b>Case Number:</b>	CM14-0169331		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of December 6, 2012. A utilization review determination dated October 1, 2014 recommends noncertification of internal medicine consultation. A progress report dated April 23, 2014 identifies subjective complaints of pain which is worsened in both shoulders. The patient has difficulty with overhead activity. A review of an MRI of the left shoulder shows a complete infraspinatus tendon rupture with retraction, AC osteoarthritis, and supraspinatus tendinitis. Physical findings reveal restricted range of motion with both shoulders and tenderness to palpation. The diagnoses include a full thickness rotator cuff tear. The treatment plan requests surgical intervention with preoperative medical clearance. Labs dated May 7, 2014 identify elevated AST and ALT. A report dated June 6, 2014 indicates that the patient's glucose is 238. Elevated LFTs are also identified. The treatment plan recommends internal medicine consultation. Labs dated August 7, 2014 identify elevated AST and ALT. Labs dated August 22, 2014 show elevated AST and ALT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Consultation.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations, page 127.

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears the patient has had numerous elevated LFTs. Additionally; the patient has had a significantly elevated glucose test. Obtaining an internal medicine consultation to evaluate these conditions is a reasonable next step in medical treatment. As such, the currently requested Internal Medicine Consultation is medically necessary.