

Case Number:	CM14-0027291		
Date Assigned:	03/07/2014	Date of Injury:	02/15/2011
Decision Date:	05/20/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 New York. 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:

The patient is a 41 year old male payroll agent with a date of injury on 12/15/2011. He fell unloading a 50 pound box and the box fell on him. He sustained injuries to his left arm, left elbow, low back, right knee and both shoulders. He had degenerative disc disease on lumbar MRI. He had medial meniscus disease of the right knee MRI. Both shoulders had degenerative disease on MRI. He had degenerative disease on cervical spine MRI. He has been treated with modified duty, steroid injections, physical therapy, acupuncture, NSAIDS, Tramadol, Synvisc injections and a home exercise program. He has hypertension and GERD. He had a GI consultation for rectal bleeding. On 01/15/2014 the vital signs and physical examination were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

FASTING LIPID PANEL QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: MTUS, ACOEM and ODG do not mention a lipid panel as necessary treatment for or testing in any of the patient's injuries to his back, shoulder, knee, elbow or arm. There is no documentation of heart disease or CVA. In 2007 years prior to the injury, he had a history of mild hyperlipidemia (08/14/2007). There is no documentation that any of the medications used to treat his injuries cause an exacerbation or worsening of hyperlipidemia. Given the above the request for lipid panel is not medically necessary and appropriate.

PROCTOLOGY CONSULTATION QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, INDEPENDANT MEDICAL EXAMINATIONS AND CONSULTATION, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examinations and Consultations, (page 127).

Decision rationale: There is no mention of the medical necessity of a proctology consultation or proctitis in MTUS, ACOEM or ODG for any of the patient's injuries to his back, shoulder, knee or elbow. There is no documentation that any of his injuries or treatment cause rectal bleeding or rectal disease. He had a past history of rectal bleeding/proctitis and was referred to a gastroenterologist. There is insufficient documentation to substantiate the medical necessity of a referral to a proctologist based on the documents provided for review. Given the above the request for proctology consultation is not medically necessary and appropriate.