

<b>Case Number:</b>	CM14-0033518		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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:

The patient is a 48 year old male who was injured on 06/24/2010 as he described being near the top of a palm tree sitting in a basket with the mechanical arm that was holding the basket took a sudden drop of at least 25 feet. He sustained a loss of consciousness. Prior medication history included trazodone, Prazoin, Apotex, Omeprazole, Flexeril and ibuprofen. QME dated 09/11/2013 reports the patient complained of pain throughout his entire body. He reported ringing in the ears, stomach burning, difficulty sleeping, feelings of depression, and anxiety but denies suicidal ideation. Furthermore, he reported feeling burning upon urination. Diagnoses are acute fall, left clavicle fracture, right shoulder dislocation and left comminuted scapular fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Internal Medicine:** Overturned

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

**Decision rationale:** Per the ACOEM Occupational Medicine guidelines, a consultation is made to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Furthermore, the guidelines state that a consultant is usually asked to act in an advisory capacity for investigation and/or treatment of a patient. Given the fact that the patient has complaints across multiple organ systems, including burning on urination, gastrointestinal symptoms, insomnia, and depression, a consult to an Internal Medicine specialist is warranted. Internal Medicine physicians are general physicians for adults that deal with the primary management of a wide spectrum of adult illness. Thus, the request for Internal Medicine consultation is warranted.