MAXIMUS Federal Services

Case Number:	CM14-0035669		
Date Assigned:	06/23/2014	Date of Injury:	01/20/2010
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 57-year-old female who was reportedly injured on January 20, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 13, 2013, indicated that there were ongoing complaints of back pain, bilateral knee pain and elbow pains. The physical examination demonstrated tenderness to palpation, weakness of the lumbar spine and increased discomfort with ambulation. This assessment was essentially unchanged from the prior assessment. Diagnostic imaging studies were not presented for review. Previous treatment included conservative care. A request had been made for an internal medicine consultant and physical therapy and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 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), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The records reflect a one time elevation of blood glucose (more than 300 mg/ml), and it is not clear that this was fasting or postprandial. Furthermore, there was nothing in the narrative report indicating why such a consultation is necessary. While the guidelines do support seeking a consultation if there is an uncertainty or an extremely complex situation, there is a depth of clinical information presented as to why such a consultation is necessary. Therefore, based on this lack of appropriate information, the request for Internal Medicine consultation is not medically necessary and appropriate.