

<b>Case Number:</b>	CM14-0037872		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Neurological Surgery 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 injured worker is a 62 year-old male who was reportedly injured on 3/12/2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/21/2014 indicates that there are ongoing complaints of chronic kidney disease. The physical examination demonstrated cardiovascular regular rate and rhythm, no murmurs. Pedal pulses 2+ bilaterally. Gastrointestinal revealed no rebound guarding, tenderness, masses, bruits, normal bowel sounds. Musculoskeletal revealed bilateral upper and lower extremities, no swelling, tenderness, or bruising noted. Diagnostic imaging studies revealed lab work to include renal function and protein/creatinine ratio mentioned in this note from 2/21/2014 which were performed on 2/13/2014. Previous treatment includes lab work, and medication. A request had been made for office visit x2 and was not certified in the pre-authorization process on 3/6/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit times 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation.

**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) Chapter 7, page(s) 127.

**Decision rationale:** After review of the medical records provided it is noted the injured worker does have a complex medical history which would likely benefit from a specialist. The claimant's comorbidities include chronic kidney disease, hypertension, diabetes type II, hyperlipidemia, and proteinuria. However, I was unable to find recent objective clinical findings in history or physical exam section of this note that lists signs or symptoms of exacerbation, worsening, or changes in the claimant's condition concerning any of the above listed comorbidities. Due to the lack of documentation, this request for referral to a specialist is deemed not medically necessary at this time.