

Case Number:	CM14-0053062		
Date Assigned:	07/07/2014	Date of Injury:	10/30/2008
Decision Date:	08/26/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 60-year-old male with a 10/30/08 date of injury, to the bilateral shoulders. Progress note dated 3/4/14 described no changes in symptomatology since the last office visit. The patient continued to complain of increased lumbar/cervical pain that radiates into the left upper extremity with numbness and tingling to the digits. The patient also complained of sleep difficulties and anxiety/depression. There was documented hypertension and GERD, due to chronic medication use. Diagnosis included shoulder bursitis. Treatment plan discussed physical therapy, sleep studies, psych evaluation, and internal medicine evaluation to address ancillary complaints. 6/10/14 Orthopedic QME recommended future medical care to include medications, including PPIs/H2 blockers to protect against GI upset, analgesics, steroid injections, and PT. It was noted that in regards to HTN, the patient had minimal systolic hypertension only, and no evidence of any diastolic hypertensive. HTN may be related to excessive body weight, as the patient is 81 pounds over his maximal desirable body weight. It was noted that there were no GERD related symptoms and the patient is on no medications on a work related basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Evaluation related to HTN and GERD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter Office Visit ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156).

Decision rationale: A request for an internal medicine consultation obtained an adverse determination as there was a lack of documentation corroborating hypertension and very little was discussed regarding the GI complaints, including history of specific GI symptoms or attempts at treating his gastric complaints. There was no discussion regarding adjusting medications in order to reduce gastric complaints. An QME report indicated that there was minimal increase in BP and no specific GI complaints. The request is not substantiated.