

<b>Case Number:</b>	CM14-0054986		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Occupational 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:

This is a 59-year-old male with a date of injury of 9/7/10. This is the second of three injuries he is claiming. The mechanism of this injury occurred when lifted an approximately 75 pound metal plate onto his right shoulder, and twisted and dislocated the right shoulder. The other 2 injuries involve his elbow and knee. It is also noted that his past medical history, he has kidney failure, with approximately 30% function. On 3/31/14, he complained of right shoulder, and left elbow pain with a pain score of 8/10. On 4/3/14, he complained of shoulder pain, elbow pain, knee pain and anxiety. On exam there is joint swelling noted over the right knee, and tenderness to palpation of the right knee. The diagnostic impression is osteoarthritis of knee, and shoulder joint pain. Treatment to date: surgery, medication management. A UR decision dated 4/10/14 denied the request for a consultation with an Internal Medicine specialist. Although the GI issues and hypertension may be medically necessary, the GI tract and hypertension are not accepted by the payor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Internal Medicine specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 6, Independent Medical Examinations and Consultations, page 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It was noted that the patient has hypertension and has kidney failure with only 30% function of his kidneys. The recommendation for an Internal Medicine consult to address his hypertension and GI issues is medically necessary, however, the causal relationship between the patient's industrial injury and his hypertension and GI concerns is not clear. Therefore, the request for an Internal Medicine Consult was medically necessary.