

<b>Case Number:</b>	CM14-0075292		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old female who was injured cumulatively leading up to 10/30/13. She was diagnosed with cervical strain/sprain, thoracic sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, bilateral knee chondromalacia patella, bilateral wrist/hand tenosynovitis and carpal tunnel syndrome, and bilateral elbow lateral epicondylitis and cubital tunnel syndrome. She was treated with physical therapy and medications. On 4/9/14, she was seen by her treating physician complaining of her chronic neck, back, bilateral knee, right shoulder, and bilateral arm/wrist/hand pain, as well as anxiety and depression related to her chronic pain. She also reported a history of gastrointestinal distress (irritable bowel syndrome? or celiac disease?) secondary to her stress, however, no gastrointestinal complaints were documented as being reported by the worker on that day. No physical examination was documented. She was then recommended to see internal medicine to discuss her gastrointestinal complaints.

### 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 Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, p. 127

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, a vague report of gastrointestinal complaints was seen in the notes available for review without further detail. The treating physician did not appear to attempt to gather a history or perform a physical in regards to this complaint. It is reasonable to suggest that this simple workup could have been performed before considering additional expertise from an internal medicine physician. Therefore, the internal medicine consultation is not yet medically necessary.