

Case Number:	CM14-0000356		
Date Assigned:	01/10/2014	Date of Injury:	11/04/2009
Decision Date:	04/21/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on November 4, 2009. The diagnoses have included cervical degenerative disc disease, lumbar degenerative disc disease of the degenerative joints at L4-5 and L5-S1, left knee chondromalacia of the patella, left knee osteoarthritis with chondromalacia of the patella, obesity, insomnia, daytime and nighttime and anxiety and depression. Treatment to date has included pain medication, topical creams, Magnetic resonance imaging of cervical spine on November 9, 2010, Magnetic resonance imaging of lumbar spine on November 9, 2010 and Magnetic resonance imaging of left knee on November 9, 2010. Currently, the injured worker complains of neck, low back and left knee pain. In a progress note dated November 26, 2013, the treating provider reports examination of the injured worker revealed the injured worker walks with stiffness and slowness in his gait, examination of the back reveals decreased range of motion, unable to heel walk or toe walk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, 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), page 127.

Decision rationale: The patient presents with pain affecting the cervical & lumbar spine, left knee, insomnia, and depression. The current request is for an Internal Medicine Consult. The treating physician states, "He is not on therapy. He is not working. Review of MRIs showed degenerative disc disease of multiple levels in the cervical and lumbar spine." (80) The report with this request was not submitted for review. The treating physician has requested to refer this patient to other specialist for weight loss and to get his eye checked. The ACOEM guidelines state, "The occupational 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." In this case, in the records provided for review, the patient is obese as well as hypertensive. The PTP is recommending weight loss and the mainstay of weight loss is diet and exercise. Because of his hypertension and deconditioned state, he needs an internal medicine consultation before starting a weight loss program. The current request is medically necessary and the recommendation is for authorization.