

Case Number:	CM14-0103410		
Date Assigned:	09/16/2014	Date of Injury:	04/27/2009
Decision Date:	01/28/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 Emergency Medicine and is licensed to practice in New York. 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 year-old male who was injured on April 27, 2009. The patient continued to experience back pain and left knee pain. Physical examination was notable for lumbar paraspinal trigger points, positive straight leg raise bilaterally, tenderness to palpation of the anterior knee and positive McMurray's sign. Diagnoses included lumbar sprain/strain, lumbar muscle spasm, left knee internal derangement, hypertension and respiratory ailment. Treatment included medications, knee injections, physical therapy, chiropractic therapy, acupuncture, and localized intense neurostimulation therapy. Request for authorization for cardiology consult was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a cardiologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 6, page 163

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of the principles of medical consultation and perioperative medicine.

Decision rationale: A consultation is a request made to another physician to give his or her opinion on the diagnosis or management of a particular patient. The central reason for the consultation request needs to be clearly stated, understood, and addressed. A requesting physician should state clearly the questions to be answered by the consultant. In this case, the patient is suffering from a respiratory ailment, which is not identified in the medical record. This is not the area of expertise for the cardiologist whose primary specialty is the cardiovascular system. There is no documentation in the medical record of chest pain, shortness of breath, or palpitations. There is no indication for a cardiology consult. Therefore, this request is not medically necessary.