

Case Number:	CM14-0122816		
Date Assigned:	08/08/2014	Date of Injury:	06/11/2011
Decision Date:	04/24/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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

Certification(s)/Specialty: Internal Medicine

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 53-year-old male, who sustained an industrial injury on 06/11/2011. Initial complaints reported included pain and injury to the right hand and fingers, right shoulder, and neck. Treatment to date has included conservative care, medications, acupuncture, physical therapy, left carpal tunnel decompression (04/22/2014), electrodiagnostic testing of the upper extremities, radiographic imaging, MRIs, upper gastrointestinal evaluation (08/20/2013), right shoulder surgery (06/25/2012), cervical fusion (09/2012), right shoulder injection, and abdominal x-rays and ultrasound. At the time of the request for authorization, the injured worker complained of bilateral hand pain (rated 6-7/10) with numbness and tingling. Diagnoses included status post full thickness soft tissue injury to the right dorsal lateral fifth metacarpal head, status post full thickness skin graft to the right dorsal lateral right fifth digit metacarpal head, decreased range of motion of the right fifth finger, right carpal tunnel syndrome, status post left carpal tunnel decompression, right upper extremity overuse syndrome, left upper extremity overuse syndrome, severe gastritis and irregular EKG. The treatment plan consisted of continued use of right Spica brace, continued patches for pain relief, continued post-op physical therapy, consultations and internal medicine follow-up, request for additional surgical procedures (pending) and follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Follow-Up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner, page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Medical records document a history of gastroesophageal reflux disease, thyroid condition, hyperlipidemia, depression, and anxiety disorder. Primary treating physician's report by the D.C. doctor of chiropractic dated 3/25/15 documented subjective complaints of hot flashes. Sleep complaints were reported. Internal Medicine physician M.D. referral was requested. The patient's primary treating provider is a D.C. doctor of chiropractic. The patient would benefit from the expertise of an Internal Medicine physician for evaluation and treatment. The request for Internal Medicine consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for Internal Medicine referral is medically necessary.