

Case Number:	CM14-0204749		
Date Assigned:	12/17/2014	Date of Injury:	10/26/2010
Decision Date:	02/06/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice 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 injured worker is a 55 year-old male who was injured on 10/26/10 due to cumulative trauma from lifting 60 pounds on a daily basis. On the day of injury, he was moving a car door when he experienced a pain in his neck and right shoulder girdle. On exam, he had nonantalgic gait, tender of the paravertebral and trapezius muscle, decreased cervical spine range of motion, right shoulder tenderness, mild joint and biceps tenderness, mild positive impingement sign, slightly decreased shoulder strength, decreased sensation of bilateral C6 distribution, spasm of right lumbar, decreased lumbar range of motion, and patchy decreased sensation bilaterally in L5 distribution. A cervical and lumbar MRI showed diffuse disc herniation He was diagnosed with chronic cervical, thoracic, and lumbar spine strain, chronic cervical and lumbar radiculopathy, right shoulder rotator cuff tear, status post right rotator cuff repair. A 7/2014 MRI showed an intact rotator cuff. He had physical therapy and was using Norco and Ketoprofen. The current request is for an internal medicine consult which was non-certified by utilization review on 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As per the MTUS ACOEM Practice guidelines, "referral may be appropriate if the practitioner is uncomfortable with...treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. It is unclear why the internal medicine consult was ordered. There is no documentation of a medical condition that would require an internal medicine consult. Therefore, the request is considered not medically necessary.