

Case Number:	CM14-0053733		
Date Assigned:	07/07/2014	Date of Injury:	11/27/2006
Decision Date:	01/27/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 Internal Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 46-year-old female with a 11/27/06 date of injury. At the time (2/25/14) of request for authorization for Internal Medicine Consultation for Gastritis, there is documentation of subjective (neck, right shoulder, and arm pain) and objective (restricted right shoulder range of motion, tenderness over greater tuberosity of the humerus, positive Spurling's test, and tenderness over cervical paraspinal muscles) findings, current diagnoses (facial contusion, right shoulder tendinitis, impingement syndrome, and NSAID related gastritis), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation for gastritis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7 Independent Medical Examinations and Consultations, page(s) 127, Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of facial contusion, right shoulder tendinitis, impingement syndrome, and NSAID related gastritis. In addition, given documentation of a diagnosis of NSAID related gastritis and a request for internal medicine consultation for gastritis, there is documentation that the diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for internal medicine consultation for gastritis is medically necessary.