

Case Number:	CM14-0086893		
Date Assigned:	07/23/2014	Date of Injury:	08/07/2010
Decision Date:	01/31/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/10/2014

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 North Carolina. 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 has a reported injury date of 08/07/2010. The injury occurred as a result of a fall. Previous treatment modalities have included cortisone injection, acupuncture, surgery, physical therapy, chiropractic care, shock wave therapy and TENS. Per the progress notes from the requesting physician dated 12/11/2014, the patient had complaints of constant severe right shoulder pain which radiates into the head, arm and hand. The physical exam noted positive impingement, supraspinatus, acromioclavicular tenderness and crepitus signs in the right shoulder. There were decreased range of motion in the shoulder and tenderness in the cervical spine. There was a positive Spurlings sign on the right. The patient has the diagnoses of status post right shoulder arthroscopy, right cervical strain, right upper extremity radiculitis, lumbar degenerative disc disease and bilateral facet joint degenerative joint disease at L3-S1. Treatment plan recommendations included pain management consult, internal medicine consult 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-lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Per the ACOEM : The health practitioner may refer to other specialist 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 a consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request is for internal medicine consult to treat gastritis. In the documentation, the review of symptoms is positive for reflux disease. There is no more specifics given such as previous treatments, failures or actual symptoms. The medical necessity for the consult has not been established in the provided documentation. Therefore the request is not medically necessary and appropriate.