

Case Number:	CM15-0003413		
Date Assigned:	01/14/2015	Date of Injury:	08/04/2010
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on August 4, 2010. She has reported symptoms involving the left shoulder, left side of her neck and the left upper extremity. The diagnoses have included cervical strain, left temporomandibular joint syndrome and chronic migraine headaches. She has comorbid conditions of bipolar depression and thyroid nodules. Treatment to date has included diagnostic studies, physical therapy, massage, medications and acupuncture. Currently, the injured worker complains of neck pain as well as bilateral arm symptoms along with numbness and tingling in both arms. She also has pain between her shoulder blades. On a 0-10 pain scale, her symptoms were rated as close to a 9 or a 10. On December 26, 2014, Utilization Review non-certified an endocrinology clearance appointment x1, noting the American College of Occupational and Environmental Medicine Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of an endocrinology clearance appointment x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocrinology clearance appointment 1 x w/ [REDACTED]: Upheld

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, 2004, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 2 pg 21, Chp 5 pg 79, 89-90, 92.

Decision rationale: This is a patient with an industrial injury which has been diagnosed as cervical strain, temporomandibular joint syndrome and migraine headaches. Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. However, none of this patient's industrial injuries have the potential to be caused by an endocrine etiology. Even though an endocrine consultation may be in the patient's best interest, it should be provided on a non-industrial basis. Medical necessity for this consultation has not been established.