

Case Number:	CM15-0146180		
Date Assigned:	08/07/2015	Date of Injury:	08/03/2013
Decision Date:	09/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
 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(n) 62 year old male, who sustained an industrial injury on 8-3-13. He reported pain in his left hand and sustained a left hand fracture. The injured worker was diagnosed as having crush injury of the left hand, fractures of the left fourth and fifth metacarpal bases, flexion contracture of the left little finger PIP joint, crush-contusion of the left thumb and left lateral epicondylitis. Treatment to date has included a treadmill stress test on 4-21-15, psychological evaluation and testing, a chest x-ray on 5-14-15 showing a calcified aorta, physical therapy and an EMG on 10-8-13 with negative results. On 4-8-15 the treating physician ordered several cardiac function tests for the injured worker due to chest pain, hypertension and an orthopedic injury. As of the QME dated 7-16-15, the injured worker reports pain in the left thumb, left wrist and left lateral elbow. He is unable to lift more than 15lbs and feels discomfort when lifting 10lbs. Objective findings include decreased left wrist range of motion and a negative Tinel's sign. The treating physician requested a consultation with internal medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Internal Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 4, page 89-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, consultation with internal medicine provider is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are orthopedic injury; chest pain; and rule out hypertension. Date of injury is August 3, 2013. Request for authorization is July 8, 2015. There is no contemporaneous clinical documentation from the requesting provider on or about the request for authorization date, July 8, 2015. According to an internal medicine first report dated April 8, 2015, the injured worker was evaluated for chest pain and left hand pain. Objectively, physical examination was "within normal limits". The documentation indicates the injured worker had a treadmill stress test and a psychological evaluation and reevaluation with testing. The treating provider ordered additional laboratory testing. There is no clinical indication or rationale for an internal medicine consultation with a different internal medicine provider. The injured worker received an extensive workup for chest pain including a treadmill stress test. There are no additional internal medicine complaints documented in the medical record for evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and a clinical indication and rationale for (a second) consultation with an internal medicine provider, consultation with internal medicine provider is not medically necessary.