

<b>Case Number:</b>	CM15-0146593		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 4-30-08. The diagnoses have included headache, neck sprain and strain, right shoulder strain and sprain and adhesive capsulitis, degenerative joint disease (DJD) of the knee and chronic pain syndrome. Treatment to date has included medications, injections, chiropractic, physical therapy, psychiatric, diagnostics, and activity modifications. Currently, as per the physician progress note dated 6-29-15, the injured worker complains of pain in the neck, bilateral knees, right shoulder and right wrist. She reports numbness, headache, joint pain, muscle stiffness, muscle weakness, anxiety, depression and stress. The objective findings reveal right and left knee have diffuse tenderness and right shoulder has decreased and painful range of motion. The physician notes that he would like to consult with cardiac physician regarding need for treatment pertaining to the injured workers heart attack and the injured workers allegation that this occurred because of stress associated with her pain and associated problems with her workmen's compensation injury and interruption of her medication usage because of medication denials. The physician requested treatment included Cardiology Consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardiology Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has a history of myocardial infarction and coronary artery disease. Therefore consultation with cardiology is medically warranted.