

Case Number:	CM15-0160339		
Date Assigned:	08/26/2015	Date of Injury:	08/29/2014
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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 53 year old female, who sustained an industrial injury on 8-29-2014. The injured worker was diagnosed as having sewing needle penetration injury left long finger, osteoarthritis, DIP (distal interphalangeal) joints, right index finger, long finger and small finger, cervical myoligamentous sprain-strain, cervical spine degenerative disc disease, lumbar spine myoligamentous sprain-strain. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of persistent neck pain, low back pain, and right hand pain. She also reported stomach discomfort, which she felt was related to unspecified pain medication use. She was also having stress and anxiety. The treatment plan included consultation with an internist and psychiatrist. It was documented that complaints of stomach discomfort and stress-anxiety were beyond the area of expertise of an orthopedic surgeon. Work status was modified, total temporary disability if unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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

Decision rationale: ACOEM Guidelines support the use of a consultant in certain instances. In this case, the patient was injured approximately 2 years ago with a needle stick in the left index finger. She is now being treated by an orthopedist for osteoarthritis in the index finger as well as neck and low back pain. An internal medicine consult is requested due to "stomach pain." There is a lack of documentation specific to the type of stomach pain the patient has to suggest it is secondary to medications. There is no documentation of current medications or how the medications have a connection to the stomach pain. There is also no documentation of trials of first-line agents for stomach pain, including H2 blockers or PPIs. Therefore the request for an internal medicine consultant is not medically necessary or appropriate.