

Case Number:	CM15-0181522		
Date Assigned:	09/22/2015	Date of Injury:	09/16/2010
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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: Physical Medicine & Rehabilitation

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 50 year old female who sustained an industrial injury on 9-16-10. The industrial related diagnoses per the 6-2-15 physician report are abdominal pain secondary to gastritis and hiatal hernia-worsened, gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs-worsened, gastritis (per GI report) secondary to non-steroidal anti-inflammatory drugs, constipation secondary to narcotics, internal hemorrhoids (per GI report) secondary to constipation (currently asymptomatic), hiatal hernia repair (per GI report), and status post gastric polypectomy secondary to proton-pump inhibitor treatment (per GI report). In a progress report dated 3-3-15, the physician notes the injured worker reports going to the emergency room with head pain -left occipital and was given a steroid injection. In the most recent progress report made available for review, dated 6-2-15, the physician notes complaint of sharp left upper quadrant pain that is aggravated by foods and is more acute at night. She reports alternating episodes of constipation-diarrhea. Constipation is more often. Also noted is blood in the stool, weight loss and nausea. The abdomen is noted to be soft with normoactive bowel sounds. A urine toxicology screen, labs (GI profile), and abdominal ultrasound was ordered and body mass index test was done. It is noted that she was advised to discontinue non-steroidal anti-inflammatory drugs and is to follow up with her primary treating physician and that she was declared permanent and stationary as of 10-1-13. A request for authorization dated 8-17-15 requests a follow up with a physician. The requested treatment of follow up with orthopedic surgeon was denied on 8-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic.

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

Decision rationale: The current request is for follow up with orthopedic surgeon. The RFA is dated 08/17/15. Treatment history includes medications. The patient's work status was deferred to the PTP. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists 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, and permanent residual loss and/or the examinee's fitness for return to work." Per report 03/03/15, the patient reports going to the emergency room with head pain and was given a steroid injection. Per report 06/02/15, the patient presents with sharp left upper quadrant pain that is aggravated by foods and is more acute at night. Examination revealed no clubbing, cyanosis, or edema. Extremities examination of tenderness and range of motion is deferred to the appropriate specialist. There is no discussion regarding the requested follow up visit with an orthopedic surgeon. None of the reports provided for review discuss any musculoskeletal issues. MTUS states that the treater "must monitor the patient and provide appropriate treatment recommendations." Referral to a specialist is supported only when the diagnosis is complex and additional expertise is required. The medical necessity has not been established; therefore, the request is not medically necessary.