

<b>Case Number:</b>	CM15-0195433		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 52 year old female who sustained an industrial injury on 9-14-11. The medical records indicate she is undergoing treatment for cervical spine strain - rule out C7-C8 radiculopathy, right shoulder sprain - impingement and frozen shoulder with x-ray findings of soft tissue calcification adjacent to the greater tuberosity, bilateral elbow pain with medial epicondylitis, bilateral wrist sprain and strain with right de Quervain's, bilateral hand pain, lumbar spine sprain - rule out left L5 radiculopathy with x-ray findings of apophyseal joint arthrosis L5-S1 and calcifications anterior to lumbar vertebrae, and moderate major depressive disorder, anxiety disorder, and adjustment disorder with mixed anxiety and depressed mood. Medical records (8-17-15 to 8-18-15) indicate complaints of constant "severe" neck pain, right greater than left, rating "7-8 out of 10" that radiates to the shoulders and arms and to the dorsum-ulnar aspect of her hands, affecting the right side greater than the left side. She reports associated numbness and tingling "on occasion" in the hands and fingers "mostly at night", as well as weakness of the upper extremities and bilateral hands. She reports that she is "dropping things". She states that the pain increases with turning her head from side to side, flexing and extending the head and neck, reaching or lifting, or prolonged sitting and standing. She has "frequent moderate occipital headaches" and "frequent mild dizziness". She also complains of "moderate and intermittent severe" pain in the right shoulder, rating "5-8 out of 10", bilateral elbow pain, rating "7 out of 10", "moderate and intermittent severe" pain in the right wrist and hand with "occasional" aching pain in the left wrist and hand, rating "6-8 out of 10", and constant sharp lower back pain, affecting the left side more than the right, that radiates into the lateral side

of both legs and down into the feet, rating "6-8 out of 10". The physical exam reveals tenderness to palpation of the right cervical spine, right upper trapezius and right greater than left thoracic spine muscles. Cervical compression is positive at the "nuchal" region. Range of motion is diminished. Tenderness is also noted along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex, and rotator cuff on the right shoulder. Impingement test is positive on the right shoulder. The treating provider states "she has a frozen right shoulder". Range of motion is diminished in bilateral shoulders. Pain to palpation is noted of the medial and lateral joint lines of the epicondyles on the right elbow. Pain is also noted on "resisted dorsiflexion" of the right wrist with elbows in full extension. Range of motion is diminished. "Diffuse pain" is noted on palpation of the right wrist, with evidence of tendinitis of the right thumb. Finkelstein's test is positive on the right. Range of motion is diminished. Toe walking and heel walking produce pain in the lumbar spine. Diminished range of motion is noted. Diagnostic studies have included x-rays of the cervical and lumbar spine, x-rays of the right shoulder, and computerized range of motion and muscle testing. Treatment has included chiropractic treatment and medications. Her medications include Ambien, Ativan, Vicodin, Naprosyn, Narcosoft, and Citrucel. The treating provider indicates "no new interim medical problems". Effects of her symptoms on activities of daily living include difficulty in tying her shoes, doing household chores, ascending and descending stairs, getting in and out of bed or a car, and driving. The utilization review (9-4-15) includes a request for authorization for an internal medicine consult. The request was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Internal Medicine consultation: Overturned**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits; ACOEM 2004, Independent Medical Examinations and Consultations Chapter 7, page 127.

**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 patient presents on 08/17/15 with cervical spine pain rated 7-8/10 which radiates into the bilateral upper extremities (right greater than left), right shoulder pain rated 5- 8/10 with associated weakness of the extremity, bilateral elbow pain rated 7/10, bilateral wrist pain rated 6-8/10, lumbar spine pain rated 6-8/10, and abdominal pain with associated acid reflux, bloating, and constipation. The patient's date of injury is 09/14/11. The request is for internal medicine consult. The RFA was not provided. Physical examination dated 08/17/15 reveals tenderness to palpation of the right cervical paraspinal musculature and right trapezius, positive cervical compression test bilaterally, decreased sensation in the right upper extremity, tenderness to palpation of the bilateral acromioclavicular joints, biceps tendon grooves, and supraspinatus deltoid complex with positive impingement test and "frozen" shoulder on the right. The provider also notes tenderness to palpation of the medial and lateral joint epicondyles on the right, diffuse right wrist tenderness, positive Finkelstein's test on the right. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal musculature, left SI joint,

left sciatic notch, with decreased sensation noted in the left lateral thigh and positive straight leg raise test on the left. The provider also notes tenderness to palpation of the left hip trochanters. The patient is currently prescribed Ambien, Ativan, Vicodin, Naprosyn, Narcsoft, and Citrucel. Patient is currently classified as permanent and stationary. MTUS/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." In this case, the treating physician is requesting a consultation with an internal medicine specialist for a QME. MTUS guidelines support such consultations in cases where the provider feels as though the patient's course of care could be improved through a specialist examination. There is no evidence in the records provided that this patient has undergone any recent internal medicine consultations, and such a re-evaluation could improve her course of care. Therefore, the request is medically necessary.