MAXIMUS Federal Services

Case Number:	CM15-0203753		
Date Assigned:	10/20/2015	Date of Injury:	07/04/2015
Decision Date:	12/02/2015	UR Denial Date:	09/20/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 45-year-old male with a date of industrial injury 7-4-2015. The medical records indicated the injured worker (IW) was treated for abdominal-stomach pain. In the Doctor's First Report and progress notes (7-28-15, 8-26-15), the IW reported intermittent stomach pain. It was aggravated by coughing, sneezing, lifting, carrying, bending and twisting. He rated the pain 0 out of 10 without activity and 8 out of 10 with activity. He denied alcohol and tobacco use. On examination (7-28-15 notes), there was tenderness in the epigastrium, umbilicus and peri-umbilical regions and in the right upper quadrant and left upper and lower quadrant. Guarding was noted. Bowel sounds were active and normal. Treatments included Omeprazole. The IW was temporarily totally disabled. A CT performed on 7-4-15 showed a fatty liver, scattered diverticuli, a non-obstructing left renal stone, no abdominal adenopathy and no ascites, fluid collections or free intraperitoneal air. The IW did not complain of nausea, vomiting, diarrhea or cramping. There was no indication that he was counseled about his diet. A Request for Authorization was received for an internal medicine consultation abdomen. The Utilization Review on 9-20-15 non-certified the request for an internal medicine consultation abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation - Abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, pp 127, 156; Official Disability Guidelines, Pain Chapter, Office Visit.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Pursuant to the ACOEM, internal medicine consultation-abdomen 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 workers working diagnoses are as post motor vehicle accident; cephalgia; thoracic spine sprain strain; lumbar spine sprain strain; left ankle sprain strain; and right ankle sprain strain. The date of injury is July 4, 2015. Request for authorization is September 14, 2015. The injured worker was seen in the emergency department on the date of injury July 4, 2015. Multiple x-rays including cervical spine, thoracic and lumbar spine films were taken. The worker sustained multiple vertebral bone fractures. Additional scanning included a CAT scan of the chest and abdomen. According to an August 26, 2015 initial comprehensive medical evaluation, subjective complaints include headache, neck pain with radiation to the upper extremities and mid and low back pain with radiation to the bilateral lower extremities. The abdominal pain with intermittent and increased with activity. Pain score was 0/10 without activity and 8/10 with activity. Objectively, there was tenderness to palpation overlying the cervical, thoracic and lumbar paraspinal muscles decreased range of motion. There is no neurological evaluation/examination in the medical record. The physical examination of the abdomen indicates normal bowel sounds. The documentation does not state whether the abdomen is tender or nontender. The treatment plan states there were no medical records submitted for review. A CAT scan of the abdomen without contrast was performed in the emergency department. Other than the vertebral fractures, the non-contrast CAT scan of the abdomen did not show any acute pathology. There was no hydronephrosis or no free air. A non-obstructing left renal stone was present. There was no attempt to treatment directed at the abdominal pain that increased with activity. There were no differential diagnoses documented in the medical record regarding the abdominal pain that increased with activity and resolved with rest. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no attempted treatment directed at the abdominal pain, abdominal pain that increases with activity and resolves with rest and no differential diagnoses in an attempt to explain the abdominal pain with a normal, yet incomplete physical examination, internal medicine consultation-abdomen is not medically necessary.