

Case Number:	CM15-0020549		
Date Assigned:	02/05/2015	Date of Injury:	10/31/2013
Decision Date:	03/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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: New Jersey, New York

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 51 year old female, who sustained an industrial injury on October 31, 2013. She reported an injury to her neck, shoulders, back and lower extremities, stress, anxiety, vertigo, and digestive problems. The documentation submitted for review did not include physician's evaluations. There was no documentation of medical history, current symptoms or diagnoses. On November 17, 2014 Utilization Review non-certified a request for consultation with an internal medicine specialist, noting that the documentation does not detail gastrointestinal complaints by the injured worker nor is there documentation of a review of symptoms related to gastrointestinal symptoms or a focused evaluation. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On December 1, 2014, the injured worker submitted an application for IMR for review of consultation with an internal medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an internal medicine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112 and 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As per the MTUS guidelines: referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan. Consultations are warranted if there are persistent symptoms. In this limited chart, there is no documentation of GI complaints, symptoms, or treatment. There is no review of systems or exam pertaining to the diagnosis GERD which was the reason for the consultation. Therefore, the request is considered not medically necessary.