

Case Number:	CM15-0032372		
Date Assigned:	02/25/2015	Date of Injury:	10/13/2014
Decision Date:	04/22/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 56-year-old male, who sustained cumulative trauma injuries from 01/01/1989-09/09/2014. He has reported subsequent neck, shoulder, back, upper extremity and lower extremity pain and was diagnosed with status post cervical spine anterior fusion, right shoulder surgery, left shoulder arthroscopy, bilateral elbow medial epicondylitis, bilateral forearm and wrist tenosynovitis and thoracic, right hip, right knee, right ankle sprain/strain. The physician noted that the injured worker also had a history of cardiovascular disease and hypertension as well as gastrointestinal/upset stomach secondary to prescription medication usage. In a progress note dated 12/08/2014, the injured worker complained of neck, shoulder, low back, elbow, forearm, wrist, hand, right hip, right knee and right foot and ankle pain. Objective physical examination findings were notable for tenderness to palpation of the cervical spine with muscle guarding and tenderness and reduced range of motion. There were no examination findings of the gastrointestinal or cardiovascular systems documented. The physician noted that a request for authorization of internal medicine and cardiology referral due to the history of gastrointestinal/upset stomach secondary to prescription medication usage as well as history of cardiovascular disease. On 01/29/2015, Utilization Review non-certified a request for an internal medicine and cardiology, noting that there was a lack of documentation regarding a clear rationale for the medical necessity of the consult. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Internal Medicine and Cardiology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment Index, 11th Edition (web), 2014, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits.

Decision rationale: According to guidelines, it states medical office visits for consultations are recommended as determined to be medically necessary. According to the medical records, the patient does not need a follow-up, as there is no documentation it is necessary at this time. Therefore, the request is not medically necessary.