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| Case Number: | CM15-0034151 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 01/18/2008 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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:

The injured worker is a 66 year old male who sustained a work related injury on January 18, 2008, where he incurred neck, lower back, shoulder arm and left knee injuries. He was diagnosed with a knee sprain, carpal tunnel syndrome, and cervical disc displacement, thoracic and lumbar sprain. He underwent carpal tunnel release. Treatment included chiropractic sessions, physical therapy, and medications. Currently, the injured worker complained of persistent neck and upper back pain. On January 27, 2015, a request for an Internal Medical Consultation was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, internal medicine consultation 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 worker's working diagnoses are cervical spine disc bulge; lumbar spine disc bulge; possible right shoulder internal derangement; probable left shoulder internal derangement; right wrist surgery; left carpal tunnel syndrome; right middle finger surgery; and problems unrelated to current evaluation. The documentation does not contain any internal medicine issues that require an internal medicine referral. Subjectively, the injured worker has no new complaints. Specifically, the injured worker complains of difficulty with erections while some bladder control. There are no medical issues noted in this objective section. Objectively, there is a handwritten entry in the light touch section of the neurology evaluation. The entry includes right lateral shoulder, right small (illegible) tip; illegible; and right dorsal thumb web are all diminished. There are no other physical findings/objective findings documented in medical record. There are no vital signs, part examination, lung examination, abdominal examination, etc. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. Consequently, absent clinical documentation that would aid in the diagnosis, prognosis of therapeutic management, internal medicine consultation is not medically necessary.