

Case Number:	CM15-0044627		
Date Assigned:	03/17/2015	Date of Injury:	09/16/2013
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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, male patient, who sustained an industrial injury on 09/16/2013. A primary treating office visit dated 02/02/2015, reported subjective complaint of persistent pain in his ribs, hip and left shoulder, especially on the left side of rib cage. He continues to have cognitive problem with impaired ability to concentrate and also complains of becoming easily fatigued. In addition, he is with emotional complaint of posttraumatic trauma like symptom and depression. Objective findings showed his mood is mildly depressed and affect is mood congruent. Of note, neuropsychological testing performed in 2013, 2014 confirmed cognitive deficits attributed to his traumatic brain injury. The following diagnoses are applied; post-traumatic stress disorder, chronic; unspecified depressive disorder and mild neurocognitive disorder secondary to industrial accident. Prior treatment is to include both inpatient and outpatient care involving primary care, occupational medicine and psychology venues. The following medications are prescribed WellbutrinSR, Duloxetine, Lunesta and Viagra. Medications prescribed by another provider are Norco, Gabapentin and Lidocaine patch. The patient is deemed unable to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiology follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 IME and consultations page 127.

Decision rationale: The patient is a 51 year old male with an injury on 09/16/2013. He has shoulder, rib and hip pain. He also has cognitive impairment. He was evaluated by a cardiologist and there is no documented primary cardiac disease. There is no relationship between his injuries and cardiac disease. He does not have primary cardiac chest/rib pain. The cardiology follow up is not consistent with ACOEM guidelines and is not required to manage his industrial accident.