

Case Number:	CM15-0047590		
Date Assigned:	03/19/2015	Date of Injury:	07/17/2012
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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(n) 42 year old female, who sustained an industrial injury on 7/17/12. She reported pain in the left medial forearm related to a spider bite. The injured worker was diagnosed as having left arm pain, brachial radiculitis and wrist pain. Treatment to date has included chiropractic treatments and pain medications. As of the PR2 dated 2/23/15, the injured worker reports increasing pain in the left medial forearm and purulent drainage from the wound site. The treating physician noted eschar in the wound bed and tenderness in the left forearm. The treating physician requested a referral to an internal medicine specialist for evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an internal medicine specialist for evaluation and treatment: 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, 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, referral internal medicine specialist evaluation and treatment 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 status post left forearm spider bite per history with debridement with complaint of worsening pain and pus. The history and documentation from the PM&R physician does not provide objective documentation that warrants an internal medicine consultation. The injured worker complains of worsening pain and pus the prior surgical site. The treating physician indicated he does not "appreciate these findings" (objectively). A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There are no clinical facts in the medical record that will aid in the diagnosis, prognosis or therapeutic management of this injured worker (if referred to an internal medicine physician) based on the lack of clinical objective findings defined by the treating physician. There is no clinical indication or rationale for an internal medicine consultation based on the lack of positive objective findings. Consequently, absent clinical documentation that will aid in the diagnosis, prognosis and therapeutic management of the injured worker, referral internal medicine specialist evaluation and treatment is not medically necessary.