

<b>Case Number:</b>	CM15-0053621		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, 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 52 year old male, who sustained an industrial injury on 4/24/2010. The mechanism of injury was not provided for review. The injured worker was diagnosed as having partial amputation of 4 extremities, bilateral lower extremities prostheses and hemiparesis from previous cerebrovascular accident. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 1/7/2015, the injured worker notes continued work with physical therapy and prosthetics. The treating physician is requesting second opinion with an internist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second opinion with an internist (medicine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Pain Section, Office Visit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, second opinion internal medicine is not medically necessary. 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 partial amputation, bilateral upper and lower extremities; hemiparesis, right-sided, secondary to previous stroke; and generalized weakness, anxiety and difficulty coping with traumatic event. There are no comorbid conditions or past medical problems exacerbations noted in the medical record. There was a physical examination of the left upper extremity, the right upper extremity and the bilateral lower extremities. There were no objective conditions documented in the medical record requiring an internal medicine evaluation. The documentation does not contain clinical evidence of specific internal medicine subjective or objective needs. There is no clinical indication or rationale in the medical record for internal medicine evaluation. Consequently, absent clinical documentation with internal medicine needs, second opinion internal medicine is not medically necessary.