

Case Number:	CM15-0053628		
Date Assigned:	03/27/2015	Date of Injury:	09/27/2003
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	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: Arizona, 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 43 year old male, who sustained an industrial injury on 9/27/03. He reported pain in the neck, back, bilateral knees and right hip related to cumulative trauma. The injured worker was diagnosed as having cervical sprain, lumbar disc annular tear, left shoulder labral tear, bilateral chondromalacia patella and right shoulder arthroscopic decompression. Treatment to date has included an epidural injection, MRI's and pain medications. As of the PR2 dated 2/22/15, the injured worker reports 6/10 pain in the neck, lower back and bilateral knees. He is still having difficulty with swallowing and food getting stuck in his throat. The treating physician noted decreased range of motion in the cervical spine, bilateral shoulders and elbows. The treatment plan includes an EMG/NCV study, ENT consult and oral pain medications. The treating physician requested a rheumatological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatological consultation only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Espoguia (clinical guidelines for patients with spondyloarthritis), Espoguia Group. Espoguia. Clinical guidelines for patients with spondyloarthritis. Madrid. Spanish Society of Rheumatology; 2010. 289 p: (1104 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines -follow-up pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, there was no history of inflammatory marker elevation, lupus rheumatoid arthritis, vasculitis, etc. The claimants' diagnosis was orthopedic and physical medicine in nature. The request for a consultation with a rheumatologist is not medically necessary.