

Case Number:	CM15-0055940		
Date Assigned:	04/01/2015	Date of Injury:	04/01/2012
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male, who sustained an industrial injury on April 1, 2012. He has reported lower back pain, bilateral knee pain, arm pain, and neck pain. Diagnoses have included cervical spine disc disease, lumbar spine discopathy, lumbar spine facet syndrome, and knee pain. Treatment to date has included medications, chiropractic care, shockwave therapy, a sleep study, acupuncture, and imaging studies. A progress note dated January 6, 2015 indicates a chief complaint of neck pain, insomnia, and fatigue. The treating physician documented a plan of care that included an internist consultation and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internist consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7; page 127.

Decision rationale: The most recent PTP progress reports provided from 09/06/14 to 01/06/15 are handwritten and partially illegible. They state that the patient presents with cervical and lumbar spine, right elbow and bilateral knee and leg complaints. The current request is for Internist Consult. The RFA is not included. The 02/26/15 utilization review states the RFA is dated 01/06/15 and the report containing the request is dated 01/06/15. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The treating physician does not explain the reason for this request in the reports provided. The 01/06/15 check off form states only: "Referral Internist" and makes brief notations about Ortho follow-up and Neuro Consult. A 09/11/14 sleep study is included; however, it is unclear why the course of care requires an internist consult. In this case, lacking a clear statement of the reason for this request, it IS NOT medically necessary.