

Case Number:	CM15-0083816		
Date Assigned:	05/06/2015	Date of Injury:	11/08/2014
Decision Date:	06/05/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina
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 58 year old female with an industrial injury dated 11/08/2014. The injured worker's diagnoses include right wrist pain and strain, sacral fracture and lumbar strain. Treatment consisted of diagnostic studies, prescribed medications, acupuncture therapy and periodic follow up visits. In a progress note dated 2/24/2015, the injured worker reported pain in her mid-back that radiates up her back to her left arm. The injured worker rated the pain a 3/10. The injured worker also reported improvement in sacrum pain from acupuncture treatment. Objective findings revealed tenderness to palpitation along the right wrist, positive Tinel's lumbar spine in the wrist, tenderness to palpitation in the lumbar spine, quadratus lumborum and over the sacrum. Positive straight leg raises and limited lumbar range of motion with pain were also noted on examination. The treating physician prescribed services for consultation with internal medicine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Internal Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does not have a documented diagnosis that would require internal medicine consult or acute problems that would require an internal medicine consult. Therefore, the request is not medically necessary.