

Case Number:	CM15-0085336		
Date Assigned:	05/07/2015	Date of Injury:	05/13/2010
Decision Date:	06/18/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic elbow, shoulder, neck, and low back pain reportedly associated with an industrial injury of May 13, 2010. In a Utilization Review report dated April 6, 2015, the claims administrator denied an internal medicine consultation and treatment (AKA referral). The claims administrator referenced a March 2, 2015 progress note in its determination, along with non-MTUS Chapter 7 ACOEM Guidelines which were, it was incidentally noted, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported issues with reflux, gastritis, anxiety, and depression. Omeprazole was endorsed. The applicant was also using aspirin, Zestril, Pravachol, and hydrochlorothiazide for various cardiovascular issues, including hypertension. On March 2, 2015, the applicant reported ongoing complaints of neck, shoulder, and wrist pain. Omeprazole, a topical compounded cream, and Terocin were endorsed. Internal medicine evaluation was also sought. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation and treatment: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the proposed internal medicine consultation and treatment (AKA referral) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), an orthopedist, was likely ill-equipped to address issues with and/or allegations of hypertension, reflux, gastritis, dyslipidemia, etc., obtaining the added expertise of an internist, i.e., a provider better-equipped to address the issues and allegations, thus, was indicated. The said internist apparently went on to prescribe various blood pressure lowering medications as well as a proton pump inhibitor. Therefore, the request was medically necessary.