

Case Number:	CM15-0244872		
Date Assigned:	12/24/2015	Date of Injury:	06/16/2015
Decision Date:	01/29/2016	UR Denial Date:	11/27/2015
Priority:	Standard	Application Received:	12/16/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 43 year old male who sustained an industrial injury on 6-16-15. He is temporarily totally disabled. Medical records indicate that the injured worker has been treated for pushing strain; lumbosacral sprain, strain with left lower extremity radiculopathy and disc bulging; left hip sprain, strain, rule out hernia, left side; gastritis. He currently (11-4-15) complains of low back pain radiating down the left leg. Physical exam revealed tenderness to palpation of the lumbosacral spine, back pain with straight leg raise and pain in the groin with an active straight leg raise. In the 11-2-15 note the injured workers pain level was 5 out of 10 and 8 out of 10 without medications. Physical exam dated 11-2-15 indicated a right upper extremity rash and an internist was requested for this. Treatments to date include physical therapy with benefit; medications: ibuprofen with benefit. The request for authorization was not present. On 11-27-15 utilization Review non-certified the request for referral to internist, right upper extremity, per 11-2-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an Internist, right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of what specific conservative treatment this patient has received or description of specific subjective complaints or objective findings which might warrant a consultation. The request for referral to an internist right upper extremity is not medically appropriate and necessary.