

Case Number:	CM14-0126109		
Date Assigned:	08/13/2014	Date of Injury:	10/21/2005
Decision Date:	10/20/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year old female who was injured on 10/21/2005. The mechanism of injury is unknown. Prior treatment history has included H-wave, Naproxen, Ultracet and ice packs. She has been treated conservatively with 24 sessions of physical therapy in the past. Internal medicine follow-up dated 04/10/2014 states the patient presented for follow-up of hypertension. She was reportedly taking Lisinopril twice daily on a consistent basis. On exam, her blood pressure was 130/80. Her lungs were clear and her heart tones were softer than her blood pressure would suggest. She is diagnosed with intermittent labile hypertension and iron deficiency anemia probably secondary to heavy menstruation. She was recommended for a return visit. Prior utilization review dated 07/22/2014 states the request for Follow up consultation with internal medicine is denied due to lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consultation with internal medicine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examination and Consultation, page 503

Decision rationale: The guidelines recommend follow up visits and consultations as deemed necessary by the treating physician. The clinical documents should clearly identify the indication for referral or follow up. The documents provided show the patient has had labile hypertension with adjustments in her medications over the previous year. She does require ongoing follow up, monitoring, and adjustments of her medications. It does not appear that the patient has had a recent visit with the treating physician. Hypertension is an asymptomatic but dangerous diagnosis which requires close follow up with a physician comfortable in treating hypertension. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.