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| <b>Case Number:</b>   | CM14-0127905 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 11/09/2007 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 08/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/11/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 47-year-old male with an 11/9/07 date of injury. The patient is status post left shoulder arthroscopy with a subacromial decompression and Mumford in January 2014. The patient was seen on 7/9/14 with complaints of worsening neck and low back pain, 8-9/10 after chiropractic sessions, as well as difficulty sleeping. Exam findings revealed tenderness in the paraspinal vertebral muscles, decreased range of motion of the C and L spine, decreased sensation at C6-89 dermatomes on the left and L4-5L5 on the right. Motor strength was noted to be decreased in both the upper and lower extremities bilaterally to 4+/5. In addition, the patient was reported to have unexplained weight loss. The diagnosis is SLAP lesion with repair, and weight loss. Treatment to date: chiropractic therapy, medications, PT An adverse determination was received on 8/4/04, as there was no BMI, height, or weight described in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultation regarding Referrals, Chapter 7

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

Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156) X Official Disability Guidelines (ODG) ODG (Pain Chapter-office Visits)

**Decision rationale:** CA MTUS states that consultations are recommended, and a 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 internal medicine consult is being requested for unexplained weight loss. However, there is no description as to how much weight the patient has lost and over what time period. In addition, there is no current weight or BMI given, a differential diagnosis as to what may be the cause of this patient's weight loss, or an initial work up for weight loss. Therefore, the request for an internal medicine consult was not medically necessary.