

Case Number:	CM14-0138035		
Date Assigned:	09/10/2014	Date of Injury:	05/18/2013
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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 43-year-old male who has submitted a claim for Inguinal hernia without mention of obstruction or gangrene associated with an industrial injury date of May 18, 2013. Medical records from 2014 were reviewed. Only the UR is available for review. The UR showed that the patient sustained an injury on 5/18/13 while lifting boxes approximately 50 to 100 pounds causing a hernia. The patient complained of right groin pain, rectal bleeding, constipation and gastroesophageal reflux disease. General examination was within normal limits. Examination of the abdomen documented that there was tenderness on the left lower quadrant. Utilization review from August 5, 2014 denied the request for Internal medicine consultation RFA 8/6/14 QTY: 1.00, Internal medicine treatment (unspecified) RFA 8/6/14 QTY: 1.00, and Internal medicine testing (unspecified) RFA 8/6/14 QTY: 1.00 because the provided information about the patient were limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation RFA 8/6/14 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 2nd Edition, 2004, page 127; the Official Disability Guidelines, Pain (updated 7/10/14), Office Visits; and the Official Disability Guidelines, Hernia (updated 2/18/14), Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, there were no records provided other than the UR. Information about the patient and rationale for the request is unknown. Therefore, the request for Internal medicine consultation RFA 8/6/14 QTY: 1.00: is not medically necessary.

Internal medicine treatment (unspecified) RFA 8/6/14 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 2nd Edition, 2004, page 127; the Official Disability Guidelines, Pain (updated 7/10/14), Office Visits; and the Official Disability Guidelines, Hernia (updated 2/18/14), Office Visits

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This request failed to specify the treatment being requested. Moreover, information about the patient is limited. Therefore, the request for Internal medicine treatment (unspecified) RFA 8/6/14 QTY: 1.00 is not medically necessary.

Internal medicine testing (unspecified) RFA 8/6/14 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 2nd Edition, 2004, page 127; the Official Disability Guidelines, Pain (updated 7/10/14), Office Visits; and the Official Disability Guidelines, Hernia (updated 2/18/14), Office Visits

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This request failed to specify the treatment being requested. Moreover, information about the patient is limited. Therefore, the request for Internal medicine testing (unspecified) RFA 8/6/14 QTY: 1.00 is not medically necessary.