

Case Number:	CM14-0125349		
Date Assigned:	09/16/2014	Date of Injury:	05/01/2010
Decision Date:	05/29/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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: North Carolina

Certification(s)/Specialty: Family Practice

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 60-year-old male, who sustained an industrial injury on 5/1/10. He reported left shoulder pain, left wrist pain, and wrist pain. Right knee, ankle and foot pain was also noted. The injured worker was diagnosed as having atypical chest pain likely costochondritic in nature, erectile dysfunction likely psychogenic in nature, hypertension, multiple orthopedic complaints, and depression with anxiety. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, and injections. Currently, the injured worker complains of pain in the left shoulder, left elbow, left wrist, lower back, right knee, and right ankle. Other complaints included depression, anxiety, chest pain, and erectile dysfunction. The treating physician requested authorization for an internal medicine consultation between 4/22/14 and 9/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation Between 4/22/2014 and 9/8/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 & Chapter 10 pg 15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing diabetes and hypertension. Internal medicine consult would be medically warranted and the request is certified.