

Case Number:	CM14-0195370		
Date Assigned:	12/03/2014	Date of Injury:	01/26/1996
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for alleged paraplegia reportedly associated with an industrial injury of January 26, 1996. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for an internal medicine consultation. The claims administrator stated that its decision was based on non-MTUS Third Edition ACOEM Guidelines but did not incorporate any cited guidelines into its report rationale. The claims administrator also stated that its decision was based on progress notes and an RFA form of November 4, 2014. The claims administrator stated that the attending provider, primary treating provider (PTP), and orthopedist, did not furnish the compelling rationale for the internal medicine consultation. In a handwritten note dated July 8, 2014, the applicant was asked to remain off of work, on total temporary disability. The applicant was paraplegic. Vicodin was renewed. The applicant was asked to do unspecified home exercises. On August 19, 2014, the applicant was again placed off of work, on total temporary disability, and asked to pursue 9 sessions of physical therapy. In a handwritten note dated September 30, 2014, the applicant was given prescriptions for Vicodin and Septra (Bactrim). The applicant had developed possibly a urinary tract infection, it was stated. The applicant was again asked to remain off of work, on total temporary disability. In a November 4, 2014 progress note, handwritten, difficult to follow, the applicant was again given a primary diagnosis of paraplegia. Vicodin was renewed. The applicant was kept off of work, on total temporary disability. An internal medicine consultation, CBC, chest x-ray, and laboratory testing were endorsed. The note was difficult to follow. It was not clear for what purpose the internal medicine consultation was being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation with internal medicine physician, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, the requesting provider, an orthopedist, has not clearly outlined what issue or issues are present which he is uncomfortable treating and/or addressing and wishes the applicant to obtain an internal medicine consultation and/or evaluation for. The progress notes on file, as noted above, were sparse, handwritten, difficult to follow, and did not outline any rationale for the proposed internal medicine consultation/evaluation. Therefore, the request is not medically necessary.