

<b>Case Number:</b>	CM14-0214788		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female with an injury date of 10/02/2012. Based on the 08/29/2014 progress report, the patient complains of having bilateral hand pain with numbness/weakness as well as bilateral knee pain. She rates her pain as a 7/10 and describes her pain as being moderate and frequent. In regards to her bilateral wrists, she has a positive Tinel's, a positive Phalen's test, and a decreased range of motion. The patient uses a cane to ambulate and has positive crepitus for her bilateral knees. The 09/11/2014 report indicates that the patient has neck pain with paresthesia affecting the hands. There is mild tenderness at the left carpal ligament. The 10/09/2014 report states that the patient rates her pain as a 6-7/10 and has ongoing numbness in the area of her shoulders, back, and her lower extremities. The patient has anxiety and is slightly hypophonic in her speech. The patient's diagnoses include the following: Sprains and strains of unspecified site of knee and leg. Chondromalacia of the patella. Old bucket handle tear of the medial meniscus. Medial epicondylitis. The utilization review determination being challenged is dated 11/25/2014. There are treatment reports provided from 04/26/2014 - 10/09/2014.

### 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 Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations

**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) Chapter 7, page 127 Consult.

**Decision rationale:** The ACOEM Practice Guidelines Second Edition (2004), page 127 has the following, "Occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater does not provide a reason for the request. Unfortunately, none of the reports provided contained any information indicating a need for such as a consult. Therefore, the requested internal medicine consult is not medically necessary.

**Pre-op Medical Clearance Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

**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) Chapter 7, page 127 Evaluation.

**Decision rationale:** The ACOEM Practice Guidelines Second Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." With regards to medical clearance, the ODG, low back - lumbar and thoracic (acute and chronic) chapter states, "Preoperative testing, general: see preoperative electrocardiogram (ECG): and preoperative lab testing. Preoperative testing (e.g. chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risks, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative test should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of the preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography." In this case, the report with the request is not provided nor is the request mentioned in any of the reports. None of the reports provide a patient risk assessment. Furthermore, there is no indication of any operation the patient may have in the near future or of any surgery which has

been authorized. Therefore, the requested preop medical clearance evaluation is not medically necessary.