

<b>Case Number:</b>	CM15-0012596		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Arizona, California  
 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 55 year old male, who sustained an industrial injury on 06/27/2008. He has reported neck and bilateral shoulder pain. The diagnoses have included cervical sprain/strain with radicular complaints; bilateral carpal tunnel syndrome; and bilateral shoulder strain. Treatment to date has included medications and surgical intervention. A progress note from the treating physician, dated 12/22/2014, documented a follow-up visit with the injured worker. The injured worker reported that he recently went to the emergency room for abdominal pain; went to a gastroenterologist for testing; and reports intermittent moderate bilateral shoulder pain. Objective findings included tenderness to palpation about the paracervical musculature; mildly positive cervical distraction test; decreased range of motion; and decreased sensation to light touch in the left C4, C5, C6, and C7 dermatomes. The treatment plan has included request for consultation with an internist regarding his gastritis; home therapeutic exercises for range of motion and strengthening purposes; and follow-up evaluation as scheduled. On 01/14/2015 Utilization Review noncertified a Consultation with Internist, The CA MTUS, ACOEM was cited. On 01/21/2015, the injured worker submitted an application for IMR for review of a Consultation with Internist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Internist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines 9792.20-9792.26 MTUS (effective July 18, 2009), page 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office visits

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the request to see an internist was for gastritis. The physical exam was not noted regarding the gastrointestinal system. The claimant had been on medications that contributed to the claimant's symptoms. The prior history, aggravating symptoms, treatment failures are not noted. The request for an internist is not substantiated in the notes provided and is therefore not medically necessary.