

Case Number:	CM15-0046468		
Date Assigned:	03/18/2015	Date of Injury:	09/30/2010
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/11/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained an industrial injury on September 30, 2010. She has reported neck pain, lower back pain, bilateral shoulder pain and bilateral wrist pain. Diagnoses have included cervical pain, lumbar spine disc displacement, lumbar spine myospasms, lumbar spine strain/sprain, lumbar/lumbosacral degenerative disc disease, bilateral shoulder myoligamentous injury, rotator cuff syndrome, and bilateral carpal tunnel syndrome. Treatment to date has included medications, aqua therapy, lumbar spine epidural steroid injection, home exercise, and imaging studies. A progress note dated January 28, 2015, indicates a chief complaint of neck pain with numbness and tingling, lower back pain radiating to the left leg, right shoulder pain, left shoulder pain, right wrist pain with numbness, and left wrist pain with numbness and weakness. The treating physician documented a plan of care that included follow up for gastrointestinal complaints, aqua therapy, chiropractic care, acupuncture, electromyogram/nerve conduction velocity study, bilateral wrist braces, LINT therapy, transcutaneous electrical nerve stimulation unit, and medications.

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: Decision based on MTUS ACOEM Page(s): 127 and 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, internal medicine consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical pain; cervical sprain/strain; lumbar disc displacement; lumbar muscle spasms; lumbar myospasm; lumbar sprain/strain; lumbosacral disc degeneration; right shoulder myoligamentous injury; left shoulder myoligamentous injury; rotator cuff syndrome; and right and left carpal tunnel syndrome. A progress note dated January 26, 2015 indicates the injured worker was seen in follow-up based on the supplemental documentation submitted by internal medicine. A progress note dated January 28, 2014 shows the injured worker was no longer taking nonsteroidal anti-inflammatory drugs and was on topical medications. Subjectively, in the September 2014, October 2014 and January 2014 progress notes, there were no subjective gastrointestinal complaints. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. Previous progress note documentation shows the injured worker was taken off nonsteroidal anti-inflammatory drugs that were considered the inciting cause of her gastrointestinal complaints. Additionally, the diagnosis for the consultation is not uncertain or extremely complex as noted in the request for authorization. There is no documentation as to whether discontinuation of nonsteroidal anti-inflammatory drugs have improved or not approved the injured worker symptoms. There was no clinical indication and rationale in the record for a follow-up internal medicine consultation. Consequently, absent clinical documentation without evidence of persistent gastrointestinal complaints or new problems noted in the subject of sections the ongoing progress notes, internal medicine consultation (follow-up) is not medically necessary.