

Case Number:	CM15-0064950		
Date Assigned:	04/13/2015	Date of Injury:	03/28/2014
Decision Date:	05/26/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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
Certification(s)/Specialty: Emergency 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 67 year old female, who sustained an industrial injury on 3/28/2014. Diagnoses have included bilateral wrist tendinitis and tenosynovitis with right lateral carpometacarpal joint osteoarthritis and DeQuervain's tenosynovitis; bilateral elbow medial and lateral epicondylitis; bilateral shoulder periscapular sprain and strain tendinosis; bilateral patellofemoral arthroplasty with sprain and strain; cervical spine sprain and strain and lumbar spine sprain and strain. Treatment to date has included medication. According to the primary treating physician's medical legal report dated 2/9/2015, the injured worker complained of bilateral shoulder pain, weakness and popping. She complained of pain on bilateral wrists with weakness, numbness and tingling sensation and pain on bilateral elbow, medial to lateral. Physical exam revealed tenderness of the shoulders, elbows and cervical spine. Authorization was requested for an internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. The provider has failed to document an intelligent justification for request for internal medicine consultation. There is only some vague documentation concerning abdominal discomfort but no other documentation of character or what has been done for it. Internal medicine consultation is not medically necessary.