

Case Number:	CM15-0066927		
Date Assigned:	04/14/2015	Date of Injury:	04/14/2011
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 injured worker is a 52 year old male, who sustained an industrial injury on 04/14/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having internal derangement of the shoulder, shoulder tendinitis, right shoulder sprain/strain, adhesive capsulitis of the shoulder, lateral elbow epicondylitis, elbow bursitis, lateral meniscal tear of the knee, and tear of medial cartilage for meniscus of the knee. Treatment to date has included laboratory studies and medication regimen. In a progress note dated 02/21/2015 the treating physician reports complaints of left anterior knee, right anterior elbow, and cervical pain with a pain rating of a seven out of ten. The treating physician also notes numbness, pain, and tingling to the right anterior forearm, right anterior wrist, and right anterior hand. The injured worker also has complaints of dizziness at times. The progress note from 02/21/2015 indicated a pending consultation for an internal medicine specialist, but the documentation provided did not indicate the specific reason for the requested consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective consultation with an Internal medicine specialist (2/12/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, consultation.

Decision rationale: The patient presents with complaints of left anterior knee, right anterior elbow and cervical pain, rated 7/10. The request is for Retrospective Consultation with an Internal Medicine Specialist (2/12/15). There is no RFA provided and the date of injury is 04/14/11. The patient was diagnosed as having internal derangement of the shoulder, shoulder tendinitis, right shoulder sprain/strain, adhesive capsulitis of the shoulder, lateral elbow epicondylitis, elbow bursitis, lateral meniscal tear of the knee, and tear of medial cartilage for meniscus of the knee. Per 11/25/14 report, physical examination of the left knee revealed severe patellofemoral crepitus. There is mild to moderate tenderness to palpation over the medial joint line, lateral joint line and a slightly antalgic gait. McMurray's test was positive. Examination of the right elbow, per 10/31/14 report, revealed thickening of the posterior skin. Tenderness to palpation to the posterior aspect and lateral aspect. There were no exam findings provided for the cervical spine. Patient's medications include Norco and Tramadol. The patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Per 10/30/14 report, treater requests for "pain management evaluation to manage medication." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Per 02/12/15 report, consult treater states, "Per patient and [REDACTED] request, I will be taking over as PTP for this patient." In this case, it would appear that the current primary physician feels uncomfortable with the medical issues and has requested for transfer to specialist. Given the patient's condition, pain management consultation and transfer would appear to benefit patient and be indicated by guidelines. However, the request is for an internal medicine consult. The patient is prescribed opioids, including Norco and Tramadol, but the treater has not explained why this patient needs an evaluation by an internal medicine physician. MTUS page 8 states that the treater must monitor the patient's progress and make appropriate treatment recommendations. Due to absent documentation as to why internal medicine consult is needed, recommendation is for denial. Therefore, the request is not medically necessary.