

Case Number:	CM14-0140575		
Date Assigned:	09/10/2014	Date of Injury:	03/18/2014
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 03/18/2014 due to falling approximately 17 feet while on a ladder, which fell to the right side, causing a fracture to the clavicle. The injured worker complained of neck pain, left shoulder clavicle pain, mid lower back pain, right hip and thigh pain, left chest pain, and a history of headaches. The injured worker had a diagnosis of left shoulder sternoclavicular separation, left shoulder periscapular impingement, cervical musculoligamentous strain, thoracolumbar musculoligamentous strain, and right hip thigh contusion sprain. The diagnostics included an x ray of the cervical spine which revealed moderate calcification and anterior spurring from C4 to C7. X-ray of the left shoulder revealed minimal acromioclavicular joint narrowing with fracture. Past treatments included physical therapy and medication. The physical examination dated 07/16/2014 of the cervical spine revealed strain of the normal cervical lordotic curvature; tenderness to palpation was present over the subocular muscles, cervical paraspinal musculature, and upper trapezius muscles bilaterally. Spurling's maneuver elicited increased neck pain without a radicular component. Range of motion of the cervical spine was measured as followed: flexion was 42 degrees and extension was 46 degrees. Examination of the thoracolumbar spine revealed multiple, large, patchy areas of raised and thickened skin, consistent with psoriasis type. Tenderness to palpation with muscle guarding was present over the lumbar paraspinal musculature. Straight leg raise increased back pain bilaterally. Flexion was 48 degrees and extension was 18 degrees. The examination of the left shoulder revealed tenderness to palpation over the clavicle sternum. Tenderness to palpation was present over the periscapular region. 4/5 muscle weakness to all planes was noted with movement of the shoulder. Range of motion of the left shoulder was flexion to 155 degrees and extension 40 degrees. No medications available

for review. The treatment plan included physical therapy. The request for authorization dated 07/16/2014 was submitted within documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an internal medicine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Office Visit

Decision rationale: The California MTUS/ ACOEM did not address. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' 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 the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The clinical notes indicate that the injured worker had returned to work, had already received physical therapy, and no medications were noted. The documentation was not evident that the injured worker needed a specialist. As such the request for Consultation with an internal medicine specialist is not medically necessary.