

Case Number:	CM14-0141055		
Date Assigned:	09/10/2014	Date of Injury:	01/28/2004
Decision Date:	10/06/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 53 year old male with a date of injury on 01/28/2004; he fell ten feet from a roof. A cast was placed for a fractured left forearm. He was evaluated by his internist for back and shoulder pain and was sent for physical therapy. He has chronic neck and back pain. In 02/2004 he had left forearm pain. In 11/2006 he had a hernia repair. In 11/2007 he had right shoulder surgery. On 02/19/2009 he was P&S. On 05/17/2014 there was no mention of any stomach problems. According to a previous review, on 06/13/2014 his primary care provider gave him medication for stomach problems. There were no objective findings or diagnosis of a specific stomach disorder. On 06/18/2014 it was noted that his primary care provider gave him medications for his stomach. There was no diagnosis of any stomach condition. On 08/02/2014 he had back pain, positive straight leg raising, Tinel's sign and Phalen's sign and the diagnosis was carpal tunnel syndrome, depression, difficulty sleeping and lumbar/cervical spine strain. There was no mention of a specific stomach problem or symptom.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation for stomach complaints: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: MTUS and ODG do not mention when a primary care provider - not his orthopedist - should refer a patient to an internist for stomach problems. There is no clear picture of stomach symptoms, examination findings or the medication that was prescribed by the primary care provider. There is insufficient documentation to substantiate the medical necessity of a referral to an internist and there is no special GI training for an internist over another primary care provider. Therefore, Internal Medicine Consultation for stomach complaints is not medically necessary and appropriate.