

Case Number:	CM13-0023939		
Date Assigned:	11/15/2013	Date of Injury:	12/11/2012
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 36-year-old female who was injured in a work related accident on 12/11/12. Records indicate that she sustained injuries to her chest, left shoulder, low back, and right ankle secondary to a fall on the left side of her body. A 07/25/13 assessment with [REDACTED], [REDACTED], documented continued complaints of neck and upper extremity pain bilaterally with low back pain, stiffness, and radiating bilateral lower extremity pain. There were associated complaints of left shoulder pain and stiffness, left elbow pain, left wrist pain with numbness, and right ankle pain. Physical examination revealed tenderness and hypertonicity to the cervical and lumbar paraspinous muscles, positive bilateral straight leg rising, and a shoulder examination with AC joint tenderness, and subscapularis muscle weakness with positive impingement. There was tenderness noted over the anterior and lateral aspects of the ankle and the dorsal aspect of the left wrist. Recommendation at that time was for consultation and referral for orthopedic assessment and follow up. Prior clinical imaging includes an MRI report of 07/02/13 showing L4-5 and L5-S1 disc bulging with severe neuroforaminal compression and a prior MRI of the right ankle from April 2013 showing injuries consistent with anterior talofibular ligament sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Guidelines, consultation referral for an orthopedist for treatment would appear warranted. The claimant's clinical records indicate multiple underlying orthopedic diagnoses from traumatic injury sustained December 2012. Given ongoing complaints with positive physical examination findings, orthopedic assessment for further consultation and treatment parameters would appear to be medically necessary