MAXIMUS Federal Services

Case Number:	CM13-0028685		
Date Assigned:	11/27/2013	Date of Injury:	11/08/2011
Decision Date:	02/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 11/8/11. A utilization review determination dated 9/23/13 recommends certification of outpatient referral to physiatrist for consultation only of the cervical and lumbar spines and right shoulder. The request for treatment was non-certified as the reviewer opined that "it should be left to the physiatrist on evaluation to make treatment recommendations as appropriate." A progress report dated 9/13/13 identifies subjective complaints including, "Pt here for f/u on head, back, neck, both shoulder, both wrist pain, RX refill...[illegible]." Objective examination findings identify multiple check boxes with tenderness in the cervical and lumbar spine regions, and the right shoulder appears to have limited abduction at 90 degrees, although the notations have limited legibility. Diagnoses and treatment plan sections are mostly illegible. A QME report dated 10/2/13 identifies subjective complaints including, "discomfort affecting cervical spine with aching pain in that region. She also reports pain in the right scalp area. Pain diagram also indicates aching discomfort affecting the anterior aspects of both shoulders with pain and numbness affecting both wrists, aching pain affecting the lumbar spine in both knees. Symptoms are made worse by sitting, standing walking, bending forward, bending backward, coughing and sneezing. Pain is relieved somewhat by rest and medication." Objective examination findings identify, on evaluation of the right shoulder, patient again is reluctant to carry the joint through range of motion. Flexion is to about 20Â° with reports of anterior pain. Extension is to about 40Â°. On adduction test the patient's arm can only be brought to horizontal. Abduction is to about 30Â°. With external and internal rotation in the affected positions the patient resists external and internal rotation and reports pain with any movement from the 0Â° position. In the left shoulder, flexion is about 160Â°. Extension is

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Referral to Physiatrist for Consultation and Treatment of the Cervical and Lumbar Spines, and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Regarding the request for referral to physiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain in the cervical spine, lumbar spine, and right shoulder that is not clearly corroborated by physical exam findings and Waddell's testing is noted to be positive. Specialty consultation with a physiatrist may help to clarify these issues and the utilization review determination did recommend modification of the request to consultation only. However, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the physiatry consultation and the specific treatment being requested at that time. In light of the above issues, the currently requested referral to physiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder is not medically necessary.