

Case Number:	CM13-0029698		
Date Assigned:	11/01/2013	Date of Injury:	10/27/2009
Decision Date:	03/18/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 Sports Medicine and is licensed to practice in Arizona. 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 female patient, who was involved in an automobile accident, complains of severe headache, neck pain, bilateral shoulder pain, bilateral wrist and hand pain, upper, mid and low back pain with pain radiating to both legs, along with blurred vision, upset stomach and sleep difficulties. On examination, there was spasm in the neck and mid and low back, with tenderness to palpation over the posterior shoulder and scapular areas. There was tenderness over both of her wrist flexor and extensor tendons, with no evidence of swelling, atrophy or deformity in either wrist or hand, with normal neurological testing as well as testing for carpal tunnel syndrome. There was generalized muscle weakness in both the upper and lower extremities, without any specific area showing a significant weakness. The patient had complaints of swelling in the upper and lower extremities, but these symptoms were never observed by two physicians. Referral to a rheumatologist is not justified

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty referral: Rheumatologic Consultation: Upheld

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

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

Decision rationale: The patient's multiple complaints of injuries to her lower and upper extremities, including her hands, wrists and shoulders, as well as to her neck, dorsal and lumbar spine were found to be soft tissue injuries explainable by her automobile accident, and a referral to a rheumatologist was not necessary.