

<b>Case Number:</b>	CM13-0030473		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 claimant is a 44-year-old gentleman injured in work related accident on 07/09/12. Clinical records for review include electrodiagnostic studies from 07/25/13 to the upper extremities that showed an acute left C5-6 radiculopathy with mild median and sensory neuropathy at the wrist consistent with carpal tunnel syndrome. He was noted to be with a prior history of multiple fractures including a skull fracture, C7, T3 and T4 compression fractures, myofascial spasm headaches, low back pain and continued neck complaints. Recent treatment is not well documented. It is indicated that the claimant has been treated conservatively with immobilization, medication management and therapy as well as neurological consultation for his diagnosis of headaches. A 09/07/13 assessment for review was a handwritten progress report that indicated the claimant's cognitive examination was within normal limits with no documentation of orthopedic findings noted. At present, there is referral for orthopedic consultation for the claimant's wrist, cervical spine, thoracic spine and lumbar spine complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient orthopedic consultation for wrists, carpal tunnel syndrome, cervical spine, thoracic spine and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 5 as well as the ACOEM guidelines, chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127

**Decision rationale:** Based on California ACOEM Guidelines, the requested orthopedic consultation in this case would not be indicated. Guideline criteria indicate that consultation referrals can be indicated if diagnosis is of question or if additional expertise may be needed. Records for review indicate that the claimant has already undergone orthopedic treatment for the above conditions. At present, there would be no