

Case Number:	CM13-0032138		
Date Assigned:	12/13/2013	Date of Injury:	01/15/2013
Decision Date:	06/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine & Rehabilitation 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 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 injured worker is a 56-year-old female who reported an injury on 01/15/2013, secondary to a fall. Current diagnoses include head trauma injury, essential tremor, herniated cervical disc, right shoulder tendonitis, right shoulder impingement syndrome, left shoulder impingement syndrome, left shoulder bursitis, and bilateral carpal tunnel syndrome. The injured worker was evaluated on 11/26/2013. The injured worker reported persistent pain in the neck and upper extremities. Physical examination revealed decreased range of motion of bilateral shoulders, an antalgic gait, unintentional tremors, decreased cervical range of motion, positive Spurling's maneuver, positive impingement testing with crepitus in the left shoulder, decreased range of motion of bilateral wrists, positive Tinel's and Phalen's testing, and hypoesthesia in the upper extremity at C7-T1. Treatment recommendations included a referral to a movement disorder specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH MOVEMENT DISORDER SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, ONLINE EDITION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The clinical documentation submitted for this review does not provide evidence that the injured worker has a movement disorder. There is also no documentation of an unresponsiveness to conservative treatment prior to the request for a consultation. The medical necessity for a movement disorder specialist consultation has not been established. The current request is not medically necessary and appropriate.