

Case Number:	CM13-0033854		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2013
Decision Date:	11/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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:

32 year old right hand dominant female claimant with reported industrial injury of 7/12/13. Claimant is noted to have a complaint of neck pain with radiation into the back of the head, left shoulder, neck, left elbow with radiation into the left forearm and left wrist with radiation. Exam note 9/11/13 demonstrates intermittent bilateral shoulder pain with left greater than right exacerbation with movement. Exam of bilateral shoulder demonstrates positive Hawkin's test and Neer's test bilaterally. Claimant is noted to forward flex to 175 degrees with internal rotation and scarecrow position to 40 degrees bilaterally. 4/5 strength is noted in the left supraspinatus isolation strength. EMG studies 9/6/13 demonstrate mild to moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopaedic surgeon (bilateral upper extremities): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and the Official Disability Guidelines- Treatment in Worker's Compensation, Neck and Upper Back Procedure Summary (updated 05/14/2013)

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, (2004) Chapter 7, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam notes from 9/11/13 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the request is not medically necessary.