

Case Number:	CM13-0050176		
Date Assigned:	12/27/2013	Date of Injury:	04/07/2011
Decision Date:	05/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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 & 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 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 injured worker is a 53-year-old female who reported an injury on 04/07/2011 after a slip and fall. The injured worker reportedly sustained an injury to her right shoulder. This ultimately resulted in right shoulder arthroscopic repair of full-thickness rotator cuff tear. The injured worker sustained a re-injury in 11/2012. The injured worker underwent an MRI in 03/2013. It was documented that the injured worker was status post a supraspinatus repair without evidence of a re-tear. The injured worker was evaluated on 07/25/2013. It was documented that the injured worker's injury may not be related to her shoulder as there is no evidence of a rotator cuff re-tear. It was determined that her injury may be related to a cervical spine injury. A referral was made to a spine specialist. A Letter of Medical Necessity dated 11/06/2013 indicated that the injured worker had not been evaluated by the spine specialist; however, had previously been evaluated in 08/2012. It was noted that after an evaluation of the initial injury in 04/2011, it was determined that the cervical spine was not a major issue, not a pain generator for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SPECIALIST CONULT, CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 164.

Decision rationale: The requested spine specialist consult for the cervical spine is not medically necessary or appropriate. The The American College of Occupational and Environmental Medicine recommend specialty consultations for complicated injuries that have failed to appropriately respond to initial treatments and when additional expertise would significantly contribute to the injured worker's treatment planning. The clinical documentation submitted for review does not provide any evidence that the injured worker has received any type of conservative therapy directed toward the cervical spine. Additionally, a recent adequate assessment of the injured worker's cervical spine was not provided for review to support significant deficits that would require a specialty consultation. As such, the requested spine specialist consult for the cervical spine is not medically necessary or appropriate.