

<b>Case Number:</b>	CM13-0050431		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2001
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Family Practice and is licensed to practice in Texas. 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 patient is a 62-year-old female who reported an injury on 02/05/2009. The patient is diagnosed with right radial head fracture. The patient was seen by [REDACTED] on 09/10/2013. The patient reported persistent pain over multiple areas of the body. The physical examination was not provided. The treatment recommendations included authorization to evaluate and treat the patient's neck on an industrial basis

### IMR ISSUES, DECISIONS AND RATIONALES

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

**referral for evaluation of the neck as related to a shoulder injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state 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. As per the documentation submitted, there is no evidence of a physical examination on the

requesting date of 09/10/2013. Additionally noted, it was stated by the requesting provider on 09/10/2013, the patient's cervical spine is not part of the patient's claim. The current request is for a referral for evaluation of the neck as related to a shoulder injury. However, the requesting provider indicates that the patient's cervical spine radiculopathy is causing the patient's upper extremity pain. The medical necessity has not been established. Therefore, the request is non-certified.