

Case Number:	CM13-0051529		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2008
Decision Date:	05/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in New York and 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 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 36 year-old male who sustained an injury to his neck on 10/18/08 when he was climbing a trailer at an angle; he lost his grip and slipped down approximately 10 feet to the ground. The injured worker experienced an immediate onset of symptoms in the left elbow and left hip. An MRI of the left hip dated 01/26/09 revealed an acetabular labrum tear; however, there was no evidence of a complete detachment. The patient subsequently underwent arthroscopic chondroplasty of the left hip with repair of the acetabular labrum sometime in January of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgeon Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013 Neck and Upper Back Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

Decision rationale: The request for spine surgeon consultation is not medically necessary. The previous request was denied on the basis that there was no additional clinical information provided following the progress report dated 09/25/12. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The most-recent clinical note submitted was dated 08/22/13. It was reported that the the injured worker was relocating back to California and that he was having difficlty getting a referral to a neurosurgeon. The reason for referral to a neurosurgeon was not mentioned in the note. Given the clinical documentation submitted for review, medical necessity of the request for spine surgeon consultation has not been established. The spine surgeon consultation is not medically necessary and appropriate.