

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0058706 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/20/2013 |
| <b>Decision Date:</b> | 04/09/2014   | <b>UR Denial Date:</b>       | 11/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### 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, has a subspecialty in Pediatric Rehabilitation Medicine, 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 42-year-old male who reported an injury on 08/20/2013. The mechanism of injury was pulling a heavy object. The note dated 11/07/2013 indicated the patient had an MRI of the cervical spine which revealed multilevel cervical disc degeneration and bulging cervical disc. The patient reported he had been to therapy and had 2 sessions and he felt everything the therapist had asked him to do he could do at home and had been exercising and was able to move his right arm and feel stronger. The patient reported there had been less pain down his right arm. The patient reported he still experienced pain in the right shoulder and down his right elbow but not as often. The patient reported he had been taking hydrocodone and Soma and was using fentanyl patches 25 mcg. Upon examination of the neck, there was full range of motion with local pain and mild pain in the right shoulder. The patient had diminished deep tendon reflexes on the right biceps and triceps. The patient was not able to spread out his fingers in the right hand and seemed to have weakness in the ring finger and little finger. There was noted numbness in the hypothenar eminence. It is noted the physician felt the patient needed to see a physical medicine and rehab specialist for take over care. The patient was also advised that he should keep his appointment for neurosurgical evaluation. The patient was also advised to continue his exercises as instructed by the physical therapist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine and Rehabilitation specialist for take over care: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, pg. 163

**Decision rationale:** The request for physical medicine and rehabilitation specialist for take over care is certified. The MTUS/ACOEM Guidelines indicate if a diagnosis is uncertain or complex, if psychosocial factors are present, or if plan or course of care may benefit from additional expertise, the occupational health physician may refer the patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating the patient within the doctor-patient relationship. The employee has radiculopathy symptoms and injections may help the employee's condition. The employee would be better suited being treated by a PM&R specialist at this time. Therefore, the request is certified.