

Case Number:	CM13-0062122		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2013
Decision Date:	05/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine, 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 patient is a 60 year old male who was injured on 10/06/2013 while at work was looking up with both arms extended above shoulder and head, pulling a rope trying to get the knot open on a big pack of plastic containers. As he pulled he felt severe pain in the right arm, neck and back with shooting pain to the right knee and a lot of pain on the right side of the body. He felt dizzy, let the rope go and was twisted backward and hit the metal box with his side. Prior treatment history has included 5 chiropractic visits and physiotherapy. The patient's medications include: Vicodin 5/500 mg, Naproxen 550 mg and Flexeril 10 mg. PR-2 dated 10/16/2013 documented the patient to have had 5 chiropractic visits (from 10/22/2013 thru 11/16/2013) at our office including today's evaluation and treatment. He has been improving with his overall symptoms. He is able to do more ADLs and function better. He has subjective and objective improvements. He is able to work with less restriction, if one becomes available. He has had significant improvement and I do expect further improvements. Please send written authorization for up to 5 visits and additional 3-5 visits. PR-2 dated 11/16/2013 documented the patient with complaints of right shoulder, arm and wrist pain, neck and upper back pain more on the right, right thoracic pain, right lower back pain going to the right leg, right knee pain and right leg pain as well as dizziness. Orthopedic and neurological examination revealed forward bending, fingertips to above below his knees with pain increase on the right. Extension was restricted with 40-50% with pain more on the right. Other motions were restricted 30-40% with pain more on the right. Cervical range of motion was restricted 30-40% with pain more on the right. There were less tenderness and muscle spasms with myofascial pain and trigger points more on the right. Lasegue's test created lower back pain at 65 degrees on the right and 70 degrees on the left. Patrick/FABER test created less lower back pain and right knee pain. Bragard test was questionable. Kemp test, leg raising and leg lowering created less lower back pain but had

difficulty to do leg raising and lowering test. Cervical compression, Soto Hall and shoulder depression tests created less neck and upper back pain more on the right. Grip strength testing using Jamar dynamometer, set at the second notch measuring three times in this right-handed individual revealed: 1st 2nd, and 3rd tries 15 pounds on right hand and 35 pounds on left hand. Reflexes in the upper extremity were normal. Dermatomes are increased on the right. Achilles tendon reflexes are trace bilaterally. Patellar tendon reflexes are normal. There is decreased sensation to pinwheel in the right lower extremity. Right wrist is tender with a slight restriction and weakness. Positive Tinel, positive Phalen test. Right knee is with tenderness and muscle spasm with 40% restriction on flexion. Positive Apley test. Positive Patellar grind test. Positive collateral ligament stress test. Negative apprehension. Negative arm drop. There is less tenderness and muscle spasm with weak muscle testing. He is walking with a limp. He has less difficulty to do heel and toe walking. Diagnoses: 1. Cervical disc syndrome; 2. Radicular neuralgia; 3. Shoulder sprain/strain; 4. Lumbar disc syndrome; 5. Cervical sprain/strain; 6. Thoracic sprain/strain; 7. Lumbar sprain/strain; 8. Segmental dysfunction of the cervical spine; 9. Segmental dysfunction of the lumbar spine; 10. Segmental dysfunction of the thoracic spine; and 11. Knee sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC EVALUATION/CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 7) PAGE 127

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 501

Decision rationale: According to the California MTUS/ACOEM guidelines, consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. In this case, the note dated 11/16/2013 indicates the employee is undergoing chiropractic treatment and is improving with overall symptoms. The employee is able to do more ADLs and function better. The employee has subjective and objective improvements and is able to work with less restrictions. There is no documentation that surgery is being considered. Thus, since the employee has not completed conservative care and is still improving, the request for an orthopedic evaluation/consultation is not medically necessary at this point in time. It may be necessary if failure of conservative treatment is documented in the future.