

Case Number:	CM13-0068800		
Date Assigned:	01/03/2014	Date of Injury:	04/28/2003
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine and is licensed to practice in California and Illinois. 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 60-year-old male who reported an injury on 04/28/2003. The mechanism of injury involved a fall. The patient is currently diagnosed with chondromalacia patellae, pain in the joint of the right knee, obesity, status post left TKA in 07/2009, status post right TKA in 11/2012, status post left shoulder surgery, cervicalgia, L3-4 laminectomy in 05/2013, C7 radiculitis, gait derangement, comorbid insomnia, cervicalgia, sciatica, and vertigo. The injured worker was evaluated on 12/04/2013. The injured worker reported persistent left shoulder pain with right wrist and right leg numbness. Physical examination revealed decreased sensation to light touch in the ulnar distribution on the left, numbness in the right knee area at the L3 distribution, 4/5 hand grip strength on the left, decreased neck and back range of motion, and negative Spurling's maneuver. The treatment recommendations at that time included a request for an ENT specialist consultation for dizzy spells.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT CONSULT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: 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, the consultation was requested for dizzy spells. However, it is noted that the injured worker's symptom of dizziness is well managed with medication. Therefore, the medical necessity has not be established.