

Case Number:	CM13-0071946		
Date Assigned:	01/08/2014	Date of Injury:	02/29/2012
Decision Date:	04/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 58 year old man with a date of injury of 2/29/12. Prior studies include an EMG/NCV of 11/4/13 which showed chronic mild right C5-6 radiculopathy and median nerve pathology at the right wrist affecting primarily median sensory fibers in the carpal tunnel segment. He is status post MRI of his cervical spine and right shoulder with cervical degenerative disease at multiple levels a partial thickness rotator cuff tear respectively. He has received epidural steroid injections to his cervical spine. He was seen by his primary treating physician on 12/11/13 complaining of neck pain radiating to his right arm, right shoulder pain and right hand pain and numbness. There is no physical exam included. His diagnoses included C6 radiculopathy, shoulder tendonitis and carpal tunnel syndromes. Referrals to a hand specialist, spine specialist and shoulder specialist were made which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a referral to a hand specialist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253.

Decision rationale: This injured worker was denied a request for a hand specialist evaluation of right hand pain and carpal tunnel syndrome. A physical exam was not included to document any red flag symptoms or signs which would be indications for immediate referral. A NCV/EMG confirmed median nerve pathology of the sensory fibers. Per the MTUS, Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a hand specialist evaluation.

The request for a referral to a shoulder specialist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: This injured worker was denied a request for a shoulder specialist evaluation due to partial rotator cuff tear noted on prior MRI. There are no red flag symptoms or signs which would be indications for immediate referral. He has had numerous tests including normal recent EMG/NCV studies and MRI. Per the MTUS, surgery is considered for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. Other modalities of conservative therapy could be trialed prior to surgical referral and surgical outcomes of rotator cuff tears are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. The medical records do not support the medical necessity of a shoulder specialist evaluation.

The request for a referral to a spine specialist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: This injured worker was denied a request for a spine specialist evaluation. There are no red flag symptoms or signs which would be indications for immediate referral. He has had numerous tests including recent EMG/NCV and MRI confirmed cervical disc disease. Per the MTUS, surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a spine specialist evaluation.