

Case Number:	CM14-0006091		
Date Assigned:	03/03/2014	Date of Injury:	10/03/2008
Decision Date:	07/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery 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 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 claimant is a 49-year-old, gentleman who was injured on 10/03/06. The clinical records provided for review include a medical report dated 11/22/13 noting ongoing complaints of pain in the head, orthopedic complaints of the upper and low back, upper extremities, shoulder, wrist, and digits, nervous system complaints, sleep disturbance, and gastrointestinal issues. The report lists current medications to include Omeprazole, Meclizine, Tizanidine, Naprosyn, and Keppra. Subjective complaints are right shoulder, elbow, and wrist pain with associated numbness and tingling of the digits. Physical examination findings showed diminished range of motion of the right shoulder, elbow, and hand and no tenderness of the neck or lumbar spine. Neurologic examination documented no positive findings. Based on the claimant's continued complains referral to [REDACTED] was recommended. There were no clinical records or documentation of previous treatment with [REDACTED] provided for review. The records also did not include any imaging reports or indication of any other conservative treatment other than medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, referral to [REDACTED] for further assessment would not be indicated. The medical records provided for review do not adequately describe the claimant's current clinical picture. There is no documentation of imaging reports or conservative treatment provided to the claimant other than medication management. The medical records do not indicate the significance of follow up evaluation and treatment with [REDACTED] because of the lack of documentation including diagnosis for which [REDACTED] would be treating the individual. Therefore, the request for referral to [REDACTED] cannot be recommended as medically necessary based on the records provided for review.

Orthopedist Referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, orthopedist referral would not be indicated. As stated above, this individual is with ongoing complaints of upper and lower back pain, shoulder pain, wrist pain, and nervous system complaints. He is currently under the care of a treating orthopedic provider. The role of further orthopedic referral given documentation of recent treatment already being provided would not be indicated. This is based on an 11/22/13 progress report that failed to show acute clinical finding on physical examination or clinical imaging that would necessitate the role of further orthopedic assessment outside of care that is already being provided.