

Case Number:	CM14-0007451		
Date Assigned:	02/07/2014	Date of Injury:	11/05/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 36-year-old female with an 11/5/13 date of injury. At the time (12/18/13) of the request for authorization for transfer of care to in house PMR (Physical Medicine Rehabilitation), there is documentation of subjective (pain in neck and right shoulder) and objective (decreased range of motion cervical spine, tenderness to palpation right greater than left trap) findings, current diagnoses (sprain neck, sprain right shoulder, and thoracic strain), and treatment to date (medication, therapy, and acupuncture). There is no documentation clarifying how transfer of care to the in house physiatrist will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFER OF CARE TO IN HOUSE PMR (PHYSICAL MEDICINE REHABILITATION): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ACOEM, Chapter 7, Independent Medical Examinations and Consultations, pages 127,156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of sprain neck, sprain right shoulder, and thoracic strain. However, there is no documentation clarifying how transfer of care to the in house physiatrist will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for transfer of care to in house PMR (Physical Medicine Rehabilitation) is not medically necessary.