

Case Number:	CM14-0107095		
Date Assigned:	08/01/2014	Date of Injury:	09/21/2013
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation and is licensed to practice in 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 47-year-old female who reported an injury on 09/21/2013. The mechanism of injury was a slip and fall. The diagnoses included chronic low back and sacrococcygeal pain, sacrococcygeal contusion, possible lumbar degenerative disc disease, reactive myofascial pain syndrome paraspinous and bilateral gluteal musculature, possible postmenopausal menometrorrhagia, and obesity. Previous treatments included medication, physical therapy, and sacroiliac joint injections. Diagnostic testing included x-rays. Within the clinical note dated 05/19/2014, it was reported the injured worker complained of chronic low back pain. Upon the physical examination, the provider noted the injured worker reported pain localized to the low lumbar region, slightly to the right of the midline spinous process. The provider noted aggravation of forward flexion causes pain. The provider noted the inability of the injured worker to perform a toe and heel walk. The injured worker had relatively normal range of motion of the shoulders, elbow, wrists, and hands. Cervical range of motion was 45 degrees of flexion and 60 degrees of extension. The provider noted marked tenderness in the paraspinal region throughout the thoracic, lumbar, and gluteal region. The injured worker had tenderness with trigger points and appropriate referral. The provider noted the injured worker had 5/5 muscle strength in the upper and lower extremities. The provider requested for a consultation with an orthopedic surgeon for the right upper extremity to evaluate the loss of function or other abnormalities. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedic Specialist Right Upper Extremity per Report Dated 05/19/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: The California MTUS/ACOEM Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. There is a lack of documentation indicating the injured worker was released to modified, increased, or full duty. The clinical documentation submitted indicated the injured worker had 5/5 muscle strength in the upper extremities. The provider noted in the clinical documentation that the injured worker had relatively normal range of motion at the shoulder, elbow, wrist, and hands of the upper extremities. There is a lack of significant objective findings warranting the medical necessity for the request. There is a lack of significant neurological deficits, such as decreased sensation or motor strength of the upper extremities. Therefore, the request of Consultation with Orthopedic Specialist Right Upper Extremity per Report Dated 05/19/2014 is not medically necessary and appropriate.