

Case Number:	CM14-0108781		
Date Assigned:	08/01/2014	Date of Injury:	03/16/2011
Decision Date:	09/22/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 62-year-old female who reported an injury on 03/16/2011. The mechanism of injury was not provided. On 04/08/2014, the injured worker presented with complaints of pain and discomfort in the cervical spine. Upon examination of the left shoulder, the previous range of motion values were 152 degrees of flexion and 49 degrees of extension. The current range of motion values for the left shoulder revealed 130 degrees of flexion and 50 degrees of extension. There was 5/5 motor strength and hypoesthesia noted over the C6-7 dermatome on the right. There was limited range of motion of the lumbar spine and pain in the upper left trapezius. The diagnoses were chronic pain/cervical spine, disc protrusion of 3 mm in the C4-6 with severe bilateral foraminal stenosis revealed by an MRI dated 11/28/2011, and radiculopathy of the C6 and C8 on the right side. Prior treatments included medications. The provider recommended a re-evaluation with her orthopedic specialist. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with an orthopedic specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for Re-evaluation with an orthopedic specialist is not medically necessary. The California MTUS/ACOEM Guidelines state that an evaluation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the need for a re-evaluation. The provider's rationale for the request was not submitted. Additionally, the documentation on how orthopedic specialist re-evaluation will allow the provider to evolve in specific patient treatment or goals. As such, medical necessity has not been established.