

Case Number:	CM14-0109542		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2007
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
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 and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 54-year-old female who reported an injury 08/23/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 07/08/2014, indicated the injured worker reported neck, upper back, right shoulder/arm, left shoulder, right elbow/forearm, right wrist/hand pain. The injured worker reported no loss of bladder control. The injured worker reported she had not been taking any new medication. The injured worker's diagnoses included cervical spine disc bulge, thoracic spine strain, status post right shoulder surgery dated 08/11/2012, status post left shoulder surgery dated 02/08/2012, right elbow strain, right carpal tunnel syndrome. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for ENT consult. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): Page 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 163

Decision rationale: The request for ENT Consult is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation 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 lack of documentation on physical examination to warrant an ENT consultation. In addition, the provider did not indicate a rationale for the request. Furthermore, it is not indicated how ENT exam would aid in the provider's determination, prognosis, therapeutic management, and determination of medical stability for the injured worker. Therefore, the request for ENT consultation is not medically necessary.