

Case Number:	CM14-0016459		
Date Assigned:	04/11/2014	Date of Injury:	11/16/2011
Decision Date:	05/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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 case involves a 62-year-old with an November 16, 2011 industrial injury claim. She has been diagnosed with C4/5 C5/6 discopathy with radiculopathy; bilateral upper extremity overuse tendinopathy; lumbar sprain/strain; sleep disorder; gastrointestinal complaints; obesity; bilateral cubital tunnel syndrome per EMG/NCV; L3/4 and L4/5 discopathy per MRI. According to the December 10, 2013, orthopedic/Primary Treating Physician's Progress Report, by [REDACTED], the patient presents with ongoing pain in the lower back and upper extremities. She is unable to sleep due to pain and decreased function. [REDACTED] recommended a gym and pool membership for a year, medications, and a follow-up with his office for orthopedic reevaluation. On January 21, 2014 [REDACTED] UR denied the "orthopedic re-eval within 6 weeks. Cervical/lumbar spine, BUE and bilat elbows, per December 10, 2013 report QTY:1.00"

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC RE-EVAL WITHIN 6 WEEKS, CERVICAL/LUMBAR SPINE, BUE AND BILATERAL ELBOWS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the December 10, 2013 orthopedic/Primary Treating Physician's Progress Report, by [REDACTED], the patient presents with ongoing pain in the lower back and upper extremities. [REDACTED] is the orthopedist and the PTP (primary treating physician) for the claim. There is no law or regulation that states an orthopedic surgeon cannot be the PTP in a worker's compensation case. Also, California Rule 9785.(f)(8) requires that the PTP report no later than 45-days from the last report. The request for follow-up is in accordance with AD Rule 9785.(f)(8) and with the Low Back Complaints Chapter of the ACOEM Practice Guidelines. The request for an orthopedic re-eval within six weeks for the cervical/lumbar spine, bilateral upper extremities, and bilateral elbows, is medically necessary and appropriate.