

Case Number:	CM14-0018322		
Date Assigned:	04/18/2014	Date of Injury:	05/28/2010
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational 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 patient is a 64 year old female who was injured on 05/28/2010. The mechanism of injury is unknown. Prior treatment history has included home exercise program, transforaminal epidural steroid injection, and medications including Norco 10/325, Senna-S 8.6/50 mg, Soma and Terocin cream. The patient underwent a lumbar laminectomy, right shoulder surgery. Diagnostic studies reviewed include x-rays of the right shoulder dated 03/30/2011 demonstrates periarticular calcifications approximately 0.5x0.5 cm, one present near the coracoids process anteriorly and one present near the posterior capsule. X-rays of the right hand dated 03/30/2011 revealed no obvious fractures or dislocations and no significant capsule. MRI of the right wrist performed on 05/06/2011 reveals 1) Negative ulnar variance with intercarpal effusion and synovitis without acute osseous, ligamentous, or tendinous abnormality; 2) Thinning of the TFCC in the radial attachment and body portions with distal radial ulnar joint effusion. Focal perforation therefore is not excluded. MRI of the right shoulder dated 10/12/2010 shows a small full thickness tear present at the critical area of the supraspinatus cuff with some unfavorable AC joint and acromiale morphology. EMG/NCS of the bilateral upper and lower extremities dated 04/26/2011 is suggestive of chronic S1 radiculopathy; otherwise, a normal upper extremity study. EMG performed on 12/15/2011 reveals a normal study. There is no electrodiagnostic evidence of focal nerve entrapment, cervical radiculopathy, or generalized peripheral neuropathy affecting the upper limbs. PR2 dated 09/04/2013 indicates the patient presents with complaints of right shoulder and right wrist/hand pain which she rates at a 1-2/10 on the pain scale. She is status post right surgical intervention on 04/29/2013. She continues to improve with time and states her home exercise program and stretching routine is increasing her range of motion. She states splinting helps her wrist and hand pain. She continues with [REDACTED] for spine complaints. She is able to take fewer medications as her pain level is improving. She is taking

Norco 10/325 mg rarely for flare-ups and Senna for induced constipation. She states that the medications help decrease her pain and increase her function. She denies any side effects to the medication. She states she is taking the Norco, one every couple of days. Objective findings on exam revealed range of motion of the right shoulder is flexion 0 to 170 degrees, abduction 0-160 degrees, and external rotation 0 to 80 degrees; internal rotation 0 to 90 degrees, adduction, and extension 0 to 50 degrees. Her sensation is intact to the C5 distribution to light touch. She has 4+/5 strength in flexion, abduction, external rotation, internal rotation, adduction, and extension. There is no sign of infection about the shoulder. On examination of the right wrist and hand, extension exhibits range of motion from 0 to 70 degrees, flexion 0 to 70 degrees, radial deviation 0 to 20 degrees, ulnar deviation 0 to 30 degrees. There is tenderness to palpation over the TFCC region. Negative Phalen's; Negative Tinel's; positive carpal compression test; negative CMC grind test; and 2+ radial pulse. There is no sign of CRPS or infection. There is no triggering of any fingers or thumb on the right hand. Her sensation is slightly decreased to light touch in median nerve distribution and grip strength is 4+/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUEROLOGY FOLLOW UP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 5, 7, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 503

Decision rationale: As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. As per ODG, office visit is "recommended as determined to be medically necessary for evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." In this case, a progress report dated 09/04/2013 indicates that the diagnosis of post-concussion syndrome, headaches, occipital neuralgia was deferred to the neurologist. It appears the provider is not comfortable managing these diagnoses. Therefore, this is medically necessary.