

Case Number:	CM14-0110107		
Date Assigned:	09/16/2014	Date of Injury:	01/18/2008
Decision Date:	10/17/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 General Surgery and is licensed to practice in Tennessee. 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 66 year old male with reported work related injury on 01/18/2008. Mechanism of injury and resultant injuries are not reported in the records. The injured workers primary diagnosis is noted as; Sprain and strain of unspecified site of knee and leg (844.9) and treating diagnoses noted as, Carpel Tunnel syndrome (354.0), Displacement of cervical intervertebral disc without Myelopathy (722.0) Displacement of Thoracic/Lumbar Intervertebral Disc without Myelopathy (722.1), other aftercare following surgery (V58.4), Unspecified Derangement Shoulder Region (718.91). Claimant is requesting Neurology follow-up pending MRI, Psych follow-up, and Pain Medicine follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology follow-up pending MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Office visits

Decision rationale: Patient's provider requested an MRI presumably of the head as the indication in the notes states "headache" as the reason for the MRI. The MRI was not approved therefore a neurology consultation is not warranted for follow-up of the MRI results. Furthermore: there are no notes in the medical records describing the character, nature or work up of the headaches prior to the request. Per ODG: Office visits are recommended as determined to be medically necessary.

Psych follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The ACOEM guidelines states "Physicians should consider referral for further evaluation and perhaps cooperative treatment if: Specific clinical findings suggest previously undetected clinical pathology requiring other expertise to adequately address it. There appears to be indications of significant psychosocial dysfunction or psychiatric co-morbidity. The submitted medical records do not note that any of the above conditions exists and therefore medical necessity for Psych follow-up is not established.

Pain medicine follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The ACOEM guidelines states "Physicians should consider referral for further evaluation and perhaps cooperative treatment if: Specific clinical findings suggest previously undetected clinical pathology requiring other expertise to adequately address it. There appears to be indications of significant psychosocial dysfunction or psychiatric co-morbidity. The submitted medical records do not note that any of the above conditions exists and therefore medical necessity for Pain medicine follow-up is not established. Furthermore, the medical records submitted do not outline any significant objective musculoskeletal deficits, findings or failed treatments to necessitate a Pain medicine follow-up.