

Case Number:	CM14-0115320		
Date Assigned:	08/04/2014	Date of Injury:	10/26/2010
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 and is licensed to practice in California and Texas. 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 50-year-old male who reported an injury due to cumulative trauma on 10/26/2010. The progress notes of 07/23/2014 and 06/09/2014 are of very poor reproductive quality, and the examiner's handwriting is extremely difficult to read. In the orthopedic evaluation on 06/10/2014, it was noted that this worker received significant relief of his symptoms after 20 sessions of aquatic therapy in 2011. The treatment plan recommendation was to continue with aquatic therapy. The aquatic therapy strengthened his lumbar spine, increased his range of motion and his ability to perform activities of daily living. Although the treatment plan of 06/09/2014 shows a surgical consult, or a surgical request for something to do with the knees left shoulder, again it is such poor reproductive quality that it is very difficult to read. There was no rationale submitted. A Request for Authorization dated 06/08/2014 was found in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation ACOEM Practice Guidelines page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89..

Decision rationale: The request for a surgical consult is not medically necessary. Per the California ACOEM Guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. There was no documentation submitted regarding a need, rationale or justification for a surgical consult. Additionally, there was no body part or parts specified in the request. The clinical information submitted fails to meet the evidence-based guidelines for a referral for a surgical consult. Therefore, this request for a surgical consult is not medically necessary.