MAXIMUS Federal Services

Case Number:	CM14-0131255		
Date Assigned:	08/20/2014	Date of Injury:	01/02/2014
Decision Date:	09/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvannia. 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 claimant is a 50-year-old female ramp agent, who sustained a vocational injury on January 2, 2014 after lifting a lot of heavy bags. The medical records provided for review document diagnoses of chronic thoracic and left parascapular sprain/strain and cervical and lumbar sprain/strain. It was also documented that physical therapy helped but she still had pain. For the claimant's pain in the left parascapular region, she was offered a trigger point injection but was hesitant to proceed. The claimant was prescribed Lidoderm patches to help with her pain. The office note dated June 10, 2014, outlined in depth the claimant's past medical history. Physical examination revealed tenderness of the lateral epicondyle of the right elbow, slight decreased range of motion of the right great toe MTP joint with dorsiflexion, and tenderness in the dorsal aspect of the interphalangeal joint of the great toe and dorsal spine. Examination of the lumbar spine revealed mid thoracic tenderness at T7 and left parascapular tenderness at the T5, T6 and T7 region. Reflex and strength testing were within normal limits of the bilateral upper and lower extremities. This review is for orthopedic evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation and Treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: -Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. -Independent Medical Examination (IME): To provide medicolegal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. An IME differs from consultation in that there is no doctor-patient relationship established and medical care is not provided. It may be a means of medical clarification or adjudication in which the physician draws conclusions regarding diagnosis, clinical status, causation, work-relatedness, testing and treatment efficacy and requirements, physical capacities, impairment, and prognosis based on available information. The evaluations must be independent, impartial, and without bias. The client often may be the employer, insurer, state authority, or attorney. Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: California ACOEM Guidelines recommend consultations with specialists are provided to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. The consultant is typically asked to act in an advisory capacity and they may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The documentation presented for review suggests the claimant has mid back strains as well as a right great toe strain. It is noted that the claimant currently is in physical therapy and recently was provided Lidoderm patches to help manage her acute complaints. There are no reported significant objective findings on physical examination or abnormal diagnostic studies to support consultation with an orthopedic specialist. Prior to considering consultation with an orthopedic specialist, it would be reasonable for the claimant to exhaust all conservative treatment with appropriate documentation identifying response to the conservative treatment prior to considering further consultations and evaluations. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the orthopedic evaluation and treatment cannot be considered medically necessary.