MAXIMUS Federal Services

| Case Number: | CM14-0131398 | | |
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| Date Assigned: | 08/20/2014 | Date of Injury: | 12/13/2010 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

## 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 Pennsylvania. 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 56-year-old male who sustained a vocational injury on December 13, 2010. The medical records provided for review include an office note dated July 21, 2014 documenting diagnoses to include degenerative disc disease at L5-S1, neural foraminal narrowing bilaterally at L4-S1, right shoulder SLAP lesion and degenerative joint disease, chronic pain, and cervical radiculopathy. The office note documents that the claimant had multiple complaints including low back pain which radiated to the right thigh and constant numbness of the left thigh. He had neck pain with radicular complaints to the bilateral upper extremities and noted that his left knee pain was most severe followed by back and right shoulder pain. Physical examination revealed an antalgic gait, pain with facet loading bilaterally in the cervical and lumbar spines, pain with palpation of the lumbar and cervical spine. He had radicular findings to include decreased strength of the bilateral upper and lower extremities as well as edema of the bilateral lower extremities. Urine toxicology from January 14, 2014 was positive for Norco. Discussion of possible epidural steroid injection at the C3-4 level as well as a request for a second confirmatory medial branch block of the bilateral L4-5 and L5-S1 facet joints was noted. The claimant was prescribed Norco and Terocin patches. This review is for orthopedic follow up for the claimant's general orthopedic complaints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic follow-ups for general orthopedic complaints:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Evaluation and management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

**Decision rationale:** The California ACOEM Guidelines recommend that consultations aid in the diagnosis, prognosis, therapeutic management, as well as 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 in the medical records suggests that the claimant continues to have subjective complaints and objective findings on physical examination consistent with musculoskeletal and orthopedic complaints for which he is prescribed narcotics as well as medications which should be monitored on a regular basis. In addition, the records documents there are requests for multiple procedures of an orthopedic and musculoskeletal nature. For these reasons and in accordance with the California ACOEM Guidelines, the request for orthopedic follow-up for general orthopedic complaints would be considered medically reasonable.