

Case Number:	CM14-0182892		
Date Assigned:	11/07/2014	Date of Injury:	01/18/2008
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 1/18/08. A utilization review determination dated 10/13/14 recommends non-certification of orthopedic follow-up. 10/2/14 medical report identifies some nerve pain down left arm, back and legs continue to hurt. On exam, there is tenderness. 9/26/14 medical report identifies checkboxes noting problems having erections, loss of bladder control, and pain in the neck, low back, shoulders wrists/hands, and left knee. There is decreased sensation in right lateral shoulder and multiple fingertips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with orthopedist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127 and the Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: Regarding the request for follow-up with orthopedist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there are no clear orthopedic injuries and no rationale has been presented for specialist consultation/follow-up with orthopedics. Additionally, no prior medical reports from the orthopedist have been submitted for review to substantiate the medical necessity of follow-up. In light of the above issues, the currently requested follow-up with orthopedist is not medically necessary.