

Case Number:	CM14-0028594		
Date Assigned:	06/16/2014	Date of Injury:	05/03/2013
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine and is licensed to practice in Arizona 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 patient is a 47 year old man who was injured in May 2013. While driving a golf cart at work at approximately 20 miles per hour, he had a head-on collision with another golf cart. His hands had been on the steering wheel and he ended up on the floor underneath the steering wheel, causing immediate pain at multiple sites. The Proposed Medical Treatment that is being considered in this case is for an orthopedic consultation for the spine and multiple body parts. This request, dated 12/26/2013 has listed a single diagnosis of "brachial neuritis" as the reason for the Proposed Medical Treatment. The Primary Treating Physician's Medical Evaluation Report (Sept 9, 2013) stated the patient had suffered Cervical Spine, Thoracic spine, and Lumbar spine sprain/strains from his injury and that additional diagnoses were bilateral shoulder pain, left wrist sprain/ strain and right knee pain. The issues that seemed to be most dominant in his assessments since the accident were related to the wrist and knee. His workups included MRI's of these areas. The knee MRI (obtained one month after his injury) showed a moderate effusion, but no meniscal or collateral ligament injuries. He subsequently had chiropractic treatments with some reported benefit by the therapist; though, in September 2013, his primary treating physician reported ongoing pain, 8/10 in severity with additional knee buckling. She additionally recorded left wrist pain, 8/10 aggravated by flexion and grasping, and tenderness of the neck with 7/10 severity, shoulders with 6/10 severity, and middle and low back issues. The patient was seen by a hand orthopedist and had a wrist/hand MRI in September. He concluded that this patient had a left wrist, moderate extensor tenosynovitis with two ganglion cysts. He suggested that the patient undergo conservative treatment with aggressive physical therapy, NSAIDs and hydrocodone. The physical therapy was certified, though there are no notes subsequent to this time frame; so, it is unclear whether physical therapy occurred. It is also unknown whether there were any further evaluations completed that would explain the stated diagnosis of Brachial neuritis on the

Authorization request. The initial Certifying Physician who stated the requested services were not medically necessary, had requested a "legible rationale" from the managing physician; but this was not received, so he deemed the orthopedic consult not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATIONS ORTHOPEDIC INCLUDING SPINE MULTIPLE BODY PARTS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date, Brachial Plexus Syndromes, Mark B. Bromberg, MD. Updated August 19, 2013.

Decision rationale: As referenced in the Summary above, the diagnosis given on the orthopedic surgery request of "Brachial neuritis" does not match up with the documentation in the medical records. There are no assessments specifically related to this working diagnosis in the Managing Physician's Medical Evaluation Report. There was a report of bilateral shoulder pain, neck pain and wrist pain; but, the physical exam did not include a neurological evaluation, so it is unknown if there was any atrophy of muscles, numbness or weakness in his upper extremities that might suggest a Brachial Plexus injury. X-rays of the neck and shoulder were pending. No EMG or MRI's have been done. The hand orthopedic surgeon additionally did not detect any sensory abnormalities and suggested that the stated pain was secondary to a local injury to the extensors of the left hand. He did not express any concerns for a Brachial Plexus injury. This type of injury can be difficult to determine and ultimately may warrant the input of a specialist; but, in the absence of any of the above mentioned findings or studies, a referral is not warranted. Additionally, the request for an orthopedic consultation for the spine and multiple body parts suggests there might be other things that should be evaluated by the Orthopedic Surgeon. It is unclear which sites the Managing Physician wants to focus on - the wrist, knee, shoulders, neck, or mid and lower spine? If an assumption was made that the request was intended for all of these areas, then preferentially there needs to be more specific documentation with an appropriate rationale given as to why a referral to an orthopedic surgeon is needed. In considering the request to send this patient to a surgeon, this reviewer chose to look at the complaint of neck pain. The Occupational Medicine Practice Guidelines considers a referral in the acute stage if certain Red-flag conditions are present. In the sub-acute setting which is applicable to this patient, other reasons for considering a surgical evaluation is indicated if there is 1) Persistent, severe, and disabling shoulder or arm symptoms, 2) activity limitation for more than one month or extreme progression of symptoms, 3) clear clinical imaging and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in the short and long term and/or 4) unresolved radicular symptoms after receiving conservative treatment. These findings (other than pain and restricted activities) have not been documented in the medical records. Furthermore, patients with neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation

or surgery. In the absence of any clearcut radicular symptoms and evidence of correlating findings on an MRI or EMG, a referral to an orthopedic surgeon is deemed not to be medically necessary.