

Case Number:	CM14-0029282		
Date Assigned:	06/20/2014	Date of Injury:	03/31/2011
Decision Date:	07/30/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 New York. 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 48 year old female who sustained an industrial injury on 03/3/2011. The mechanism of injury was a full shelf of heavy supplies fell off a cart and struck her head and face. her diagnoses include nasal fracture status post reduction, headaches, chronic right-sided jaw pain, chronic shoulder strain, diffuse regional myofascial pain, and chronic pain with both sleep and mood disorder. On physical exam cervical flexion is limited: extension 30, rotation left 90, rotation right 70 degrees. She had multiple myofascial trigger points in the cervical paraspinal muscles, trapezius muscles and thoracic paraspinal muscles. The treating provider has requested medical record review and special report up to six pages.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical record review: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127.

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) Guidelines Independent Medical Examinations and Consultations page 127.

Decision rationale: There is no indication for a separate medical record review. A complete review of the medical record would be included in the new patient evaluation. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Special report up to 6 pages: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127.

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) Guidelines Independent Medical Examinations and Consultations page 127.

Decision rationale: There is no indication for a separate report from the new patient evaluation. A complete report would be part of the evaluation. Medical necessity for the requested service is not established. The requested service is not medically necessary.