

Case Number:	CM14-0030063		
Date Assigned:	06/11/2014	Date of Injury:	11/20/2007
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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, 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:

The injured worker is a 41-year-old who reported an injury on November 20, 2007, the mechanism of injury was not provided. The clinical note dated April 24, 2014 noted the injured worker presented with persistent upper thoracic and neck pain, and left arm weakness and pain whenever she tries to elevate the arm. Upon examination, there was tenderness upon palpation of the cervical paraspinal muscles bilaterally in the trapezial region, the neck range of motion values were 50 degrees of flexion, 60 degrees of extension, 40 degrees of lateral bending, and 80 degrees of rotation. Cervical motor strength for the deltoid on the left side was -3 and the biceps 4. The undated MRI scan of the cervical spine revealed some mild disc desiccation at multiple levels but no evidence of foraminal or central spinal canal stenosis. At C6-7, there is some foraminal impingement on the left. The diagnoses were status post cumulative trauma, work related injury, status post November 7, 2013; left first rib section for thoracic outlet syndrome; and weakness of the left shoulder girdle. Prior treatment included surgery and medication. The provider is requested a specialist referral to continue evaluation on a monthly basis for six months to include transportation to and from appointments, neck, and bilateral shoulder with a quantity of six, the provider's rationale was not provided. The request for authorization was not provided within the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIALIST REFERRAL TO CONTINUE EVALUATION ON A MONTHLY BASIS FOR 6 MONTHS TO INCLUDE TRANSPORTATION TO AND FROM APPOINTMENTS, NECK, BILATERAL SHOULDERS QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit and Knee and Leg, Transportation.

Decision rationale: The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self care as soon as clinically feasible. Official Disability Guidelines further state that medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport is recommended. The provider's rationale for the request was not provided. There is a lack of documentation detailing current deficits to warrant a monthly evaluation for 6 months and transportation. It is not known how a monthly evaluation would necessitate the provider with continuing treatment for the injured worker. The request for a specialist referral to continue evaluation on a monthly basis for six months to include transportation to and from appointments, neck, bilateral shoulders, quantity of six, is not medically necessary or appropriate.