

Case Number:	CM14-0032118		
Date Assigned:	04/16/2014	Date of Injury:	01/01/2013
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 female patient with the date of injury of January 1, 2013. A utilization review determination dated January 23, 2014 recommends non-certification of retro complex orthopedic neurological exam completed on 1/10/14. The previous reviewing physician recommended non-certification of retro complex orthopedic neurological exam completed on 1/10/14 due to lack of documentation of clear medical necessity established for a complex orthopedic and neurologic evaluation to initiate a physiotherapy treatment program. A Doctor's First Report dated January 10, 2014 identifies subjective complaints of neck pain that radiates into both arms left greater than right with numbness and tingling, middle back pain, headaches, and upper extremity left shoulder, left elbow, bilateral wrist, and bilateral hand pain. Objective findings identify decreased sensation on C7 right and left and C6-C8 on the right. Decreased cervical spine range of motion. Distraction test is positive. Tactile pressure reveals plus two trapezius and paraspinal muscles spasm. Apprehension test is positive. Provocation test for carpal tunnel is positive. Provocation test for cubital tunnel is positive n the left. The patient has pain upon on palpation on the lateral epicondyles bilaterally from lateral epicondylitis and the medial epicondylitis on the medial left. The diagnoses identify carpal tunnel syndrome, bilateral ulnar nerve entrapment neuropathy, cervical myofascitis, cervical segmental dysfunction, cervical spondylosis, neuritis/radiculitis cervical brachial vs. bilateral shoulder impingement, thoraco-lumbar myofascitis, thoracic segmental dysfunction, rotator cuff syndrome, arthralgia, and headache tension. The treatment rendered identifies complex orthopedic neurological examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR COMPLEX ORTHOPEDIC NEUROLOGICAL
EXAM DOS:1/10/14: Overturned**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127, and Official Medical Fee Schedule, pg. 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

Decision rationale: Regarding the retrospective request for complex orthopedic neurological exam DOS 1/10/14, the California MTUS does not address this issue. The 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, the patient has signs and symptoms consistent with multiple diagnoses, some of which are uncertain and complex. Complex evaluation appears to be beneficial in establishing diagnoses and a treatment plan for this patient. As such, the request for complex orthopedic neurological exam DOS 1/10/14 is medically necessary.