MAXIMUS Federal Services

Case Number:	CM14-0033552		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2010
Decision Date:	09/29/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Illinois. 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 reported an injury on 06/24/2010 due to an unspecified mechanism of injury. Diagnoses include closed head trauma with post-concussion syndrome, cervical spine sprain and strain, multilevel symptomatic disc bulges to the cervical spine with effacement of the right C7 nerve root and C7 radiculopathy, bilateral shoulder sprain and strain with adhesive capsulitis, and lumbar spine sprain and strain with multilevel symptomatic disc bulges. His past treatments have included examinations, medications, spinal injections, and psychological treatment. X-rays taken on 06/25/2010 of his bilateral knees revealed that the left knee showed chondrocalcinosis in the medial and lateral compartment, and the right knee showed no dislocation or fracture. His current medications and surgical history were not provided. The subjective complaints on 10/22/2013, noted the injured worker complained of stiffness to his neck, and ongoing pain and stiffness to his right shoulder, and constant burning pain to his right arm, wrist, and hand with weakness to the right upper extremity and numbness. The injured worker complained of having constant pain to bilateral knees, ankles, feet, and associated numbness to bilateral legs. On physical examination, the injured worker was noted to be non-ambulatory and using a wheelchair. It was also noted that the injured worker's cervical spine remains with limited range of motion, and that he had tenderness to bilateral shoulders with limited range of motion on both shoulders. The injured worker's motor power grade is 2/5 to both of his upper extremities. It was reported that the injured worker's long history of diagnostic treatments was reviewed and recommendations were made for referrals and repeat magnetic resonance imaging studies of the neck, shoulders, back, hips and knees. The rationale for the request was that the injured worker's condition was beyond the scope of the office that has treated the injured worker. The request for authorization was signed and dated on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

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 visits.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. It mentions that the need for a clinical office visit with a health care provider is individualized based upon review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgement. The documentation shows that the past treatments of the injured worker's neck, shoulders, back, hips, and knees has not alleviated his pain, and his provider indicated that the complexity of his condition was beyond his scope of practice. Based on this information, consultation with appropriate specialties would be supported. However, the request for a referral to [redacted] does not specify the type of specialty/specialties that this center consists of. In the absence of further details regarding the referral to [redacted], the request is not medically necessary.