

<b>Case Number:</b>	CM14-0038156		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & 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 33-year-old female who reported an injury on 05/15/2012 due to a slip and fall. The injured worker sustained an injury to multiple body parts to include the low back, right elbow, right hand, and right knee. The injured worker's treatment history included physical therapy, immobilization, multiple medications, and injections. The injured worker underwent an initial orthopedic consultation on 02/27/2014. The physical findings included limited cervical spine range of motion secondary to pain, tenderness to palpation of the lateral aspect of the right wrist with restricted range of motion, decreased grip strength of the right hand, and restricted range of motion of the lumbar spine. The injured worker's diagnoses at that appointment included right elbow strain, right hand wrist and hand contusions, lumbosacral sprain, cervical sprain, shoulder sprain, and right knee contusion and sprain. The injured worker's treatment plan included medications and physical therapy for the right hand. The injured worker was again evaluated on 04/24/2014 by an orthopedic specialist. It was noted that the injured worker had not initiated physical therapy and that previous medical records were pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult/Eval: C- Spine, L-Spine, and Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127. Decision based on Non-MTUS Citation

The Official Disability Guidelines - Treatment in Worker's Compensation 2014 web based edition.

**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) 7, page(s) 127.

**Decision rationale:** The requested Consult/Eval: C- Spine, L-Spine, and Right Shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend specialty consultation for patients at risk for delayed recovery due to complicated diagnoses or psychological factors that would benefit from specialized expertise and treatment planning. The clinical documentation submitted for review does indicate that the injured worker is seeing an orthopedic specialist. Therefore, the need for additional consultation is not clearly indicated within the documentation. As such, the requested Consult/Eval: C- Spine, L-Spine, and Right Shoulder is not medically necessary or appropriate.