

Case Number:	CM14-0047633		
Date Assigned:	06/25/2014	Date of Injury:	03/31/2003
Decision Date:	08/13/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	03/31/2014

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 Nevada. 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 51-year-old female who was reportedly injured on 3/31/2003. The mechanism of injury was noted as repetitive/cumulative movements. The most recent progress note dated 11/25/2013, indicated that there were ongoing complaints of right shoulder and bilateral wrists pain. The physical examination demonstrated right shoulder people range of motion and right wrist with a heavy wrist splint. Reflex, motor and sensory examinations remained unchanged. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications and conservative treatment. A request had been made for orthopedic re-evaluation within 6 weeks/office consultation related to cervical spine and was not granted in the pre-authorization process on 3/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic re-evaluation within six weeks/office consultation related to cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), 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 ACOEM Practice Guidelines, 2nd Edition (2004): Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The guidelines referenced above state the occupational health practitioner may refer to other specialists 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. A review of the available medical records revealed no physical examination findings of the cervical spine. Without documentation and physical examination with findings, this request cannot be authorized. Therefore, this request for orthopedic reevaluation of the cervical spine is not medically necessary.