

Case Number:	CM14-0055305		
Date Assigned:	07/07/2014	Date of Injury:	03/20/2009
Decision Date:	12/24/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/24/2014

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, 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 patient with a date of injury of 3/20/09. A utilization review determination dated 3/27/14 recommends denial of lumbar/sacral MRI, neurology consult, left shoulder treatment, and 3rd opinion with foot/ankle specialist. Shoulder MRI was certified. 3/10/14 medical report identifies lumbar spine pain 5/10 and right foot pain radiating to fifth digit 6-7/10. She is having cramping with activities such as walking and driving. She saw a doctor who recommended surgery to remove the screws. He apparently did not mention the bunionette. She is having pain on the left side of her jaw radiating behind the ear. She has no current medications. On exam, there is tenderness, ROM limitation, 3/5 left rotator cuff outlet testing, palpable subcutaneous mass in right parathoracic region, nonindustrial, most likely a lipoma, and bunionette deformity of right foot. The provider recommended "another 2nd opinion foot/ankle consultation, as patient is unsure of where the pain is coming from, and she requests this. I feel this is valid. She also feels, as do I, that the bunionette deformity of her food was exacerbated/aggravated by her industrial injury to her hindfoot." The denial of MRI left shoulder and treatment was appealed. PT for the lumbar spine failed and MRI is requested. Neurology consult is appealed, as she has complaint of headaches after her fall. 2/21/14 medical report, presumably by the foot/ankle specialist, noted a prominent fifth metatarsal head and recommended new orthotics as well as hardware removal from the prior surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, the provider recommends MRI for back pain that persists despite PT, but there is no identification of any neurological symptoms/findings to support the need for MRI. In the absence of such documentation, the currently requested lumbar MRI is not medically necessary.

Consult: Neurologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for neurology consult, California MTUS does not address this issue. 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 complaints of headaches since the injury, the evaluation of which are outside of the provider's scope of practice as an orthopedic surgeon. In light of the above, the currently requested neurology consult is medically necessary.

Left Shoulder Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Office visits

Decision rationale: Regarding the request for left shoulder treatment, California MTUS and ODG do not specifically address the issue, although ODG does note that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring...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 health care system through self care as soon as clinically feasible." Within the documentation available for review, the patient does have shoulder weakness. An MRI was authorized. While some specific treatment may likely be appropriate, a generic and open-ended request for 'treatment' is not supported and, unfortunately, there is no provision for modification of the request to allow for any specific forms of treatment. In light of the above, the currently requested left shoulder treatment is not medically necessary.

3rd Opinion with Foot/Ankle Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for 3rd opinion with foot/ankle specialist, California MTUS does not address this issue. 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, provider noted that the foot/ankle specialist did not mention the bunionette and that the patient requested another opinion as it was felt that the bunionette deformity was exacerbated/aggravated by the injury to the hindfoot. However, while it was not specifically called a bunionette, the foot/ankle specialist did note the prominent fifth metatarsal head and recommended new orthotics to address it, which is supported treatment for that condition, and new orthotics were apparently authorized. In light of the above issues, the currently requested 3rd opinion with foot/ankle specialist is not medically necessary.