

Case Number:	CM14-0078719		
Date Assigned:	07/18/2014	Date of Injury:	11/06/2012
Decision Date:	09/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 Occupational Medicine 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 38 year old female patient with a date of injury on 11/6/2012. A review of the medical records indicate the patient is undergoing treatment for chronic neck pain, shoulder pain, and wrist pain. Subjective complaints from 10/16/2013 and 12/4/2013 are similar and include constant moderate to severe neck pain with radiation to shoulder with some paresthesia to bilateral hands (left greater than right). On 5/13/2014, subjective complaints include 7/10 pain to neck with radiation to bilateral arms. Objective complaints from 10/16/2013 and 12/4/2013 are similar and include 3/5 tenderness to cervical/thoracic spine, decreased cervical range of motion, normal shoulder range of motion, but guarded and slow flexion/abduction. On 5/13/2014, objective complaints include decreased range of motion to cervical spine with radiculopathy to C5 nerve distribution. Treatment has included an orthopedic consult (2/5/2014) for wrists, but states that the consultation was premature. Other treatment has included physical therapy (unknown number) and home exercises. A utilization review dated 5/6/2014 non-certified requests for an initial orthopedic consultation for the right shoulder and an initial pain management consultation for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial orthopedic consultation for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,208,289,296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Office Visits.

Decision rationale: ACOEM states for a shoulder injury "Referral for surgical consultation may be indicated for patients who have: red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair". ACOEM states for neck and upper back injuries "The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Referral for surgical consultation is indicated for patients who have: persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electro-physiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, unresolved radicular symptoms after receiving conservative treatment."The treating physician has not provided the specific goal of the orthopedic referral and has not provided documentation to meet the above ACOEM guidelines for referral to an orthopedic specialist for shoulder complaints. Medical documents lack sufficient evidence of a surgical shoulder lesion, as required per ACOEM. As such, the request for an initial orthopedic consultation for the right shoulder is not medically necessary at this time.

Initial Pain management consultation for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,208,289,296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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". The treating physician does not explain the reason for a pain management consultation. Medical documents do not indicate what specific question(s) the treating physician wishes to have answered by the pain management physician. Medical records also do not indicate a complex pharmacological regimen that would necessitate pain management. As such, the request for an initial pain management consultation for the cervical spine is not medically necessary at this time.