

Case Number:	CM14-0082327		
Date Assigned:	07/21/2014	Date of Injury:	03/15/2014
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/03/2014

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 Orthopedic Surgery 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 39-year-old male assembler sustained an industrial injury on 3/15/14. The mechanism of injury was not documented. The 3/19/14 Doctor's First Report cited subjective complaints of constant neck pain radiating to both hands with associated numbness and tingling, constant low back pain radiating to the left lower extremity with associated numbness and tingling, and bilateral shoulder pain radiating to the left upper extremity. Grip strength was reported 50/40/50 kg on the right (dominant) and 50/40/40 kg on the left. Cervical range of motion was mild to moderately limited in all planes with pain. There was tenderness to palpation over the trapezius, levator scapula and rhomboids bilaterally. Cervical distraction, foraminal compression and shoulder depression tests were positive bilaterally. Lumbosacral exam documented mild loss of lumbar flexion, extension, and lateral flexion. Bilateral shoulder exam documented tenderness over the biceps, deltoids, acromioclavicular (AC) joint and rhomboid muscles bilaterally. Bilateral shoulder range of motion testing (right/left) documented abduction 150/160, flexion 160/170, internal rotation 80/80, external rotation 80/80, and extension 40/40 degrees. Impingement sign and apprehension test were positive bilaterally. There was moderate tenderness at the AC joint, deltoid bursa, and bicipital tendon grooves bilaterally. Wrist range of motion was normal but painful. The diagnosis was cervical sprain/strain and myofascitis, wrist sprain/strain, lumbosacral sprain/strain, lower extremity radicular syndrome, shoulder sprain/strain, and impingement syndrome. The treatment plan recommended referral for acupuncture treatment, EMG/NCV upper and lower extremities, functional capacity evaluation, and referred for orthopedic consultation and to address medication needs. The 4/16/14 treating physician report indicated the patient was taking medications with temporary relief and recommended continued pain management care. The 5/13/14 utilization review denied the

requests for 4 visits with an orthopedic surgeon and 4 visits for pain management evaluation based on an absence of rationale for the extended visits with these providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four visits with an orthopedic surgeon (once a month of four months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young workers, glenohumeral dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and, Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. Guideline criteria have not been met. There is no rationale presented to support the medical necessity of orthopedic referral at this time. Injury occurred on 3/15/14. The initial request on 3/19/14 did not allow for observation of activity limitations for over 4 months or failure of a program to increase strength and mobility. There was no imaging documentation of a surgical lesion. Therefore, this request for four visits with an orthopedic surgeon (once a month of four months) is not medically necessary.

Four office visits for Pain Management Evaluation (once a month for four months): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: The California MTUS guidelines support referral to a specialist 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 consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. This request for pain management evaluation and follow-up visits was for medication management. The primary treating physician is a chiropractor and medication management is not within his scope of practice. A co-treater is reasonable for

medication management. Given the need for additional expertise, this request for four office visits for pain management evaluation (once a month for four months) is medically necessary.