

Case Number:	CM14-0087579		
Date Assigned:	07/23/2014	Date of Injury:	11/01/2011
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/11/2014

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 Texas. 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 patient is a 44 year old female who was injured on 11/01/2011. She sustained a work-related injury. There were no diagnostic studies available for review. The only note available for review is dated 04/29/2014 which documents the patient to have complaints of flare up of the left knee and neck pain. Objective findings on exam revealed tenderness to palpation of the cervical spine with spasm over the trapezius. The range of motion revealed 40/45/72/70/38/27. The patient has a diagnosis of carpal tunnel syndrome on the right, cervical trapezius sprain/strain. The patient was recommended for acupuncture 1x3 and instructed to continue with Home Exercise Program (HEP). There is no other information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request X-ray cervical spine (DOS 3/17/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Radiography (x-rays).

Decision rationale: The guideline used recommends the requested treatment. The medical records document relevant clinical findings which meet the criteria. Based on the guidelines and criteria, an X-ray of the cervical spine (DOS 3/17/2014) is medically necessary.

Retrospective request X-ray left knee (DOS 3/17/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Radiography (x-rays).

Decision rationale: The guideline used recommends the requested treatment. The medical records document relevant clinical findings which meet the criteria. Based on the guidelines and criteria, an X-ray of the left knee is medically necessary.