

<b>Case Number:</b>	CM13-0033488		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/06/1999
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 48 year old female, who sustained an industrial injury on 9/6/1999. Details on the initial injury and prior treatments were not submitted for this review. The diagnoses have included cervical discectomy and fusion C5-6, cervical post laminectomy syndrome, chronic neck pain, radiculopathy, right shoulder impingement, status post right shoulder surgery, bilateral carpal tunnel release chronic headache and Gastroesophageal Reflux Disease (GERD). The documentation submitted for this review included initial consultation from November 11, 2014 and a follow up evaluation from December 11, 2014. Currently, the IW complains of bilateral neck and right shoulder pain and bilateral hand pain. The plan of care was to schedule a psychiatric clearance for a percutaneous spinal cord stimulator and continue previously prescribed medications. On 9/13/2013 Utilization Review non-certified a consultation with orthopedic surgeon for lumbar spine, bilateral wrists, and shoulders, noting the documentation did not support a change in condition or support the medical necessity. The ACOEM Guidelines were cited. On 10/9/2013, the injured worker submitted an application for IMR for review of consultation with orthopedic surgeon for lumbar spine, bilateral wrists, and shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CONSULTATION WITH AN ORTHOPEDIC SURGEON FOR THE LUMBAR SPINE, BILATERAL WRISTS AND SHOULDERS, AS AN OUTPATIENT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER: SHOULDER DISORDERS/ CHAPTER: FOREARM, HAND AND WRIST DISORDER, TABLE 2, SUMMARY OF RECOMMENDATIONS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic; Office visits

**Decision rationale:** ODG guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors 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 healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request was submitted for an orthopedic evaluation of the lumbar spine, bilateral shoulders and upper extremities. As such, the request is supported by guidelines and the medical necessity is established.