

<b>Case Number:</b>	CM13-0048235		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/30/2006
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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: 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 patient is a 50 year old male who sustained a work related injury on 06/30/2006. The mechanism of injury was not provided for review. His diagnoses include an inguinal hernia, bilateral carpal tunnel complaints, low back, left knee, right shoulder, and abdominal pain. The case notes indicate the patient having ongoing complaints of low back and right shoulder pain. Physical exam reveals a normal gait, limited range of lumbar range of motion, paralumbar tenderness, right hip tenderness, and intact sensation. The patient has previously undergone a left sided inguinal hernia repair with resulting postoperative complications. He is also undergone a bilateral carpal tunnel release. The patient has been prescribed Norco, Norflex and Zanaflex for pain control. He has also undergone rest, physical therapy, and chiropractic care. The treating provider has requested ongoing care with Dr. [REDACTED] for ongoing general orthopedic complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**On going care for general orthopedic complaints:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**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) Chapter 7 IME and Consultations. Page 503.

**Decision rationale:** The request for ongoing care with Dr. [REDACTED] for ongoing general orthopedic complaints is certified. The documentation indicates the patient having an extensive history with complaints of pain at several areas. Ongoing clinical visits are recommended provided the patient meets specific criteria to include the need to establish a diagnosis, prognosis, therapeutic management, and determination of medical stability and permanent residual loss. The patient has been prescribed the use of opioid therapy for pain control. Given the need to continually assess the effectiveness of the the prescribed Norco, medical necessity for the requested service has been established. The requested service is medically necessary.