

Case Number:	CM13-0054190		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2012
Decision Date:	04/20/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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: California
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 57 year old female, who sustained an industrial injury on 07/16/2012. Initial complaints reported included pain to the left chest and back. The injured worker's initial diagnoses were not provided. Treatment to date has included x-rays of the wrist, electrodiagnostic studies, conservative care, medications and chiropractic therapy. Currently, the injured worker complains of bilateral wrist pain and neck pain, with objective findings of painful and decreased range of motion in the cervical spine, and painful range of motion in both wrist. Current diagnoses include cervical strain, carpal tunnel syndrome, paresthesia, and wrist pain. The current treatment plan (10/10/2013) includes referral to a back surgeon for the evaluation of neck and wrist pain, and a neurologist for a nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH AN ORTHOPEDIC SPINE SURGEON (NECK): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 10/10/13 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore, the determination is for non-certification.