

Case Number:	CM14-0191935		
Date Assigned:	11/19/2014	Date of Injury:	03/05/2014
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management and Rehabilitation, 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:

The patient is a 56 year old female with date of injury 03/05/14. The treating physician report dated 10/09/14 indicates that the patient presents with neck and shoulder pain. The physical examination findings reveal gait and station normal; cervical spine appearance normal with tenderness at level 5-6 right paraspinal, but not the cervical spine and not the right trapezius muscle. Palpatory findings include no bilateral muscle spasms and no right-sided muscle spasms. ROM of Right Shoulder Full. The current diagnoses are: 1. Neck pain 2. Pain in joint of right shoulder. The utilization review report dates 10/16/14 denied the request for orthopedic surgeon consultation and secondary treater based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon consultation and secondary treater: 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 (ACOEM) Guidelines, page 92,127, and 209

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) 7, page(s) 127.

Decision rationale: The patient presents with neck and shoulder pain. The current request is for Orthopedic surgeon consultation and secondary treater. The current request is to assist in determining best course of action for the patient's needs. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery may be required. The request for Orthopedic Surgeon Consultation and Secondary Treater is medically necessary.