

Case Number:	CM14-0200608		
Date Assigned:	02/05/2015	Date of Injury:	10/31/2013
Decision Date:	03/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 51-year-old female who sustained an industrial injury on 10/31/2013. According to the Utilization Review letter, the Utilization Review agency is in possession of an initial report of 11/03/2014 that states the IW sustained numerous injuries in a work injury on 10/10/2014. According to that document, she has reported pain in the neck, shoulders, back, lower extremities, stress, anxiety, vertigo, and sleep disturbance, digestive, nervous, and excretory problems due to repetitive job duties. Diagnoses include; Major depressive disorder, anxiety disorder, medical conditions. The plan was for an internal medicine consultation for GERD (gastrointestinal reflux disease), a sleep referral, and six sessions with biofeedback, medication management sessions, and an orthopedic consult, which is the subject of this review. The UR letter states they have received only the documentation from 11/03/2014. Neither the documentation of 11/03/2014, nor the Request for Authorization is found in the medical documents in this file. On 11/17/2014 Utilization Review non-certified a request for Consultation with an Orthopedist for the lumbar, shoulder and wrist noting there were inadequate records to suggest a surgical lesion for which a consultation with an orthopedic surgeon is requested. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an Orthopedist for the lumbar, shoulder and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

Decision rationale: The patient presents with neck, shoulder, back and lower extremities pain. (c.35) The current request is for Consultation with an orthopedist for the lumbar, shoulder, and wrist. There were no medical reports submitted with this IMR that refer to the current request. 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. In this case, there is no report included to substantiate the need for the consultation. The current request is not supported by the ACOEM Guidelines. The recommendation is for denial.