

Case Number:	CM14-0027765		
Date Assigned:	06/20/2014	Date of Injury:	09/14/2002
Decision Date:	03/26/2015	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/05/2014

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: Florida
 Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on September 14, 2002. he diagnoses have included failed right shoulder surgery. Treatment to date has included acupuncture, home exercise program, and pain medications. On January 23, 2014, the treating physician noted neck and right shoulder pain. The physical exam revealed the sensation to light touch was intact of the right shoulder, right index finger tip, right dorsal thumb web, and right small tip. The treatment plan included consults with psych for anxiety and depression, pain medicine, and ENT (ears, nose, and throat -Otolaryngology) for continued hearing problems. On February 25, 2014, the treating physician noted neck pain that wasn't helped by acupuncture. The physical exam revealed decreased cervical spine range of motion. The treatment plan included physical therapy. On March 1, 2015 Utilization Review non-certified a request for Psych consultation, a request for Pain Management consultation, and a request for ENT (ears, nose, and throat -Otolaryngology) consultation. The rationale and the citations used for the decisions were not included with the Utilization Review documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Practice Medicine Guidelines Page(s): pages 2-3.

Decision rationale: The California MTUS guidelines state, Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4 to 6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. Regarding this patient's case, a Psychiatry consult has been requested for a diagnosis of anxiety and depression. Limited documentation is provided regarding the rationale for this request. Documentation is sparse and portions of the records are hand written and illegible. As this request currently stands, this Psychiatry consult can not be considered medically necessary without additional details as to why it is being requested.

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational medicine practice guidelines Page(s): 2-3.

Decision rationale: The California MTUS guidelines state, Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4 to 6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. Regarding this patient's case, no compelling rationale has been provided for why a pain management consultation is necessary. Documentation is very limited, and the medical records provided do not make it apparent that there is uncertainty about the diagnosis or treatment plan. No red flags have been identified on review of what records are available. This request at this time is not considered medically necessary.

ENT CONSULT (EARS NOSE AND THROAT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational medicine practice guidelines Page(s): pages 2-3.

Decision rationale: The California MTUS guidelines state, Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4 to 6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. Regarding this request for an ENT consult, only limited documentation has been provided regarding why an ENT consult is being requested. The indication given is "hearing loss." Is this new hearing loss Or chronic. The documentation provided is sparse and portions are handwritten and illegible. As this request currently stands, this ENT consult can not be considered medically necessary without additional details as to why it is being requested.