

<b>Case Number:</b>	CM15-0002234		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old male, who sustained an industrial injury on July 7, 2014. The injured worker had reported a left shoulder, left forearm, left hand, left thigh, right knee and left foot injury. The diagnoses have included fracture of the distal ulna of the left arm, fractures of the proximal phalanges of the second and third fingers of the left hand, left shoulder impingement and left cervicobrachial strain. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated November 4, 2014 notes that the injured worker complained of left shoulder, forearm and hand pain. He also reported neck pain and headaches. Physical examination of the cervical spine revealed tenderness over the paracervical musculature and a decreased range of motion due to discomfort. Left shoulder examination revealed a decreased range of motion. He also had diffuse stiffness of the left hand and fingers. No neurological findings are reported. The treating physician's recommended plan of care included a consult for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines for Independent Medical Examinations and Consultations, recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. The ACOEM guidelines note that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation service is 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the medical records note that the cervical consultation is requested for the diagnosis of left cervicobrachial strain. There are no clear surgical indications or evidence for radiculopathy noted in the medical record. Some examinations note that the neck is supple with no clinical findings. The note of 9/18/14 documented full neck range of motion with no tenderness or radiculopathy. The records do not adequately document the clinical indications for specialty consultation or any cervical workup by the primary treating providers. As such, the request for cervical consultation is not medically necessary.