

Case Number:	CM15-0100640		
Date Assigned:	06/03/2015	Date of Injury:	03/06/2002
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina
 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 57 year old female, who sustained an industrial injury on March 6, 2002. The mechanism of injury was not provided. The injured worker has been treated for neck and shoulder complaints. The diagnoses have included multi-level cervical degenerative disc disease, cervical anterolisthesis, cervical/lumbar neuralgia, neuritis and radiculitis, other affections of the shoulder region not elsewhere classified and myofascial/myalgia and myositis unspecified. Treatment to date has included medications, MRI, physical therapy and cervical spine surgery. Current documentation dated May 7, 2015 notes that the injured worker reported neck pain which radiated to the right lateral forearm, hand, thumb and index finger with associated numbness. The pain was rated a four to six out of ten on the visual analogue scale. The injured worker also noted constant sharp right shoulder pain. Examination of the cervical spine revealed a painful and decreased range of motion. Sensation to light touch pin prick was decreased in the cervical six dermatome. Examination of the shoulders revealed a painful and decreased range of motion in the left shoulder. Right shoulder examination revealed a positive Hawkin's impingement test and Apley's scratch iliac crest. The treating physician's plan of care included a request for manipulation and massage therapy, one time a week for four weeks to the cervical spine and right shoulder and a surgical consultation for the neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation, Neck, Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM : The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of ongoing pain that have failed treatment by the primary treating physician. Therefore criteria for a surgical consult have been met and the request is medically necessary.