

Case Number:	CM15-0101075		
Date Assigned:	06/03/2015	Date of Injury:	03/01/2012
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
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: California

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 38-year-old female, who sustained an industrial injury on 3/01/2012, as a result of continuous trauma. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disorder, bilateral shoulder sprain/strain, right shoulder impingement syndrome, rule out right shoulder rotator cuff tear, bilateral elbow sprain/strain, bilateral carpal tunnel release with residuals, left thumb tenosynovitis, left trigger thumb, left knee sprain/strain, rule out left knee internal derangement, left ankle sprain/strain, sleep disturbance secondary to pain, and situational depression. Treatment to date has included diagnostics, wrist splints, medications, modified work, right carpal tunnel release in 5/2012, physical therapy, left carpal tunnel release in 5/2013, and transcutaneous electrical nerve stimulation unit. Currently (4/09/2015), the injured worker complains of pain in her neck, mid/upper back, low back, bilateral shoulders and elbows, left knee, and left ankle. She also reported pain and numbness in the bilateral wrists and left hand. Neck pain was increased and rated 8/10. Mid/upper back pain was increased and rated 8/10 and low back pain was increased and rated 7/10. Shoulder pain was increased and rated 7/10 on the right and 4/10 in the left. Elbow pain was increased and rated 6/110 in the right and 4/10 in the left. Wrist pain was increased and rated 5/10 in the right and 4/10 in the left. Left knee pain was increased and rated 8/10 and left ankle pain was unchanged at 5/10. Exam of the cervical spine noted tenderness to palpation and spasm, restricted range of motion, and positive compression test. Exam of the

thoracic spine showed tenderness to palpation and spasm and restricted range of motion. Exam of the lumbar spine noted tenderness to palpation and spasm, restricted range of motion, and positive straight leg raise test bilaterally. Exam of the shoulders noted tenderness to palpation and positive impingement. Exam of the elbows noted tenderness to palpation and positive Cozen's test. Exam of the wrists noted tenderness to palpation and positive Tinel's sign. Her left hand noted tenderness to palpation. Exam of the left knee noted tenderness to palpation and positive McMurray's test. Exam of the left ankle noted tenderness to palpation. She reported experiencing constant moderate headaches and sleeping problems due to both pain and stress. Her work status was temporary partial disability. The treatment plan included consultations with a neurologist, a psychologist, and a sleep specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Sleep Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consult with Sleep Specialist is not medically necessary.