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| <b>Case Number:</b>   | CM15-0019790 |                              |            |
| <b>Date Assigned:</b> | 02/09/2015   | <b>Date of Injury:</b>       | 01/01/2011 |
| <b>Decision Date:</b> | 04/03/2015   | <b>UR Denial Date:</b>       | 12/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/02/2015 |

### 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: 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 is a 47-year-old female who reported an injury on 01/01/2011. The mechanism of injury was not provided. The clinical note dated 12/15/2014, noted that the injured worker was in for bilateral shoulder pain, bilateral wrist pain, and cervical spine pain. On exam, there was tenderness on trapezius, cervical spine range of motion was flexion 35/40 degrees, right and left rotation 60 degrees, bilateral shoulder exam revealed tenderness on SH, HT, and SST. There was a positive impingement test. Range of motion was limited. There was bilateral wrist tenderness on flexor tendon, positive impingement test. Range of motion with flexion was 55 degrees, extension 55 degrees, dorsiflexion 20 degrees. The diagnoses included bilateral shoulder sprain/strain, bilateral wrist tendinitis, carpal tunnel syndrome bilaterally, and cervical spine sprain/strain. The clinical note dated 01/22/2015, is handwritten and cannot be deciphered. The request is for surgery consultation. The Request for Authorization was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The request for a surgical consultation is not supported. The injured worker had a history of shoulder, wrist, and cervical spine pain. The CA MTUS/ACEOM state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. There was a lack of documentation of any complaint of wrist, hand, and digit numbness, tingling, pain, weakness, or history of radicular complaints. There was a lack of documentation of conservative treatment beyond physical therapy for unknown reasons. The guidelines state that a healthcare provider may refer to another specialist if diagnosis is uncertain or extremely complex. There was a lack of diagnostic testing, such as EMG/NCS to confirm the diagnosis of carpal tunnel syndrome and no imaging to confirm any disorders of the neck, back, wrists, or shoulders. There are no conservative modalities documented that have been attempted. There was a lack of acute surgical indications noted. The request is not supported. As such, the request for surgical consultation is not medically necessary.