MAXIMUS Federal Services

Case Number:	CM15-0132456		
Date Assigned:	07/20/2015	Date of Injury:	10/24/2014
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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, Pain Management

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 60 year old female, who sustained an industrial injury on 10/24/2014. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having whiplash, cervical/thoracic/lumbar sprain/strain, probable cervical discopathy, iliac crest sprain/strain, patello-femoral crepitus and pain and stiffness of the right index and long fingers. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/27/2015 and 5/18/2015, the injured worker complains of migraine headaches and increasing pain and stiffness. Physical examination was not provided for review. The treating physician is requesting ortho-care co-treater.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho care co treater: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regards to the request for orthopedic treatment, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, it is apparent that the worker continues with significant pain in multiple body regions, including the lumbar spine, cervical spine, thoracic spine, iliac crest, and right finger regions. The patient has had conservative therapies including pain medications and PT. It is reasonable to seek an orthopedic consultation who can provide additional insight and options for this worker. However, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the orthopedic consultation and the specific treatment being requested at that time. In light of the above issues, the currently requested referral to orthopedic for treatment of the above body regions is not medically necessary.