

Case Number:	CM15-0136506		
Date Assigned:	07/24/2015	Date of Injury:	05/31/2012
Decision Date:	09/22/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 an 80 year old female who sustained an industrial injury on 5/31/12. She had complaints neck and upper extremity pain. Progress report dated 6/1/15 reports continued complaints of sharp, dull, aching, stabbing, burning and shooting pain that radiates from her cervical spine to her upper extremities. She has exacerbation of pain constantly that lasts for prolonged periods of time. The pain is rated 6-7/10. Medication, time, rest and physical therapy help to relieve the pain. Diagnoses include: cervical strain, post-traumatic headaches and upper extremity symptoms. Plan of care includes: request for otolaryngology for tinnitus, request physical therapy 3 time per week for 3 weeks and continue home exercise program. Follow up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and Treatment with ENT Provider for Tinnitus.: 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).

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, page 127.

Decision rationale: Pursuant to the ACOEM, consultation and treatment with ENT provider for tinnitus is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical strain; postsynaptic headaches; and upper extremity symptoms. Date of injury is May 31, 2012. Request for authorization is June 1, 2015. According to an initial new patient evaluation dated June 1, 2015, the injured worker is 80-year-old woman with pain that radiates the upper extremities with numbness and tingling. Pain score is 7/10. The injured worker is taking no medications and has had no surgeries. There is no documentation of tinnitus, loss of hearing or ear related complaints. Objectively, there are no clinical findings referable to the ears. The treatment plan contains a request for an ENT evaluation for tinnitus. There is no clinical indication or rationale in the body of the medical record for an ENT evaluation or treatment. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for an ENT evaluation, consultation and treatment with ENT provider for tinnitus is not medically necessary.