

Case Number:	CM15-0147370		
Date Assigned:	08/10/2015	Date of Injury:	03/01/2010
Decision Date:	09/14/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 52-year-old male who sustained an industrial injury on 03-01-2010. Mechanism of injury occurred when he was driving a forklift over uneven surfaces in a constricted area, which required him to repetitively turn his head to the left to look over his shoulder, and he felt a popping sensation in his neck radiating down to his midback. Diagnoses include cervical radiculopathy with shoulder impingement syndrome. An unofficial report of a cervical spine Magnetic Resonance Imaging done on 04-01-2015 revealed disc-osteophyte complexes at C5-6 and C6-7 with mild degree of central and left neuroforaminal stenosis. An unofficial report of left shoulder Magnetic Resonance Imaging done on 04-08-2015 was negative without evidence of rotator cuff or labral tear. Treatment to date has included diagnostic studies, medications, cortisone injections, chiropractic sessions, and physical therapy. He continues to work. A physician progress note dated 03-11-2015 documents the injured worker complains of pain in his mid-back radiating up into his neck. He has neck pain that radiates into the bilateral shoulders and mid back with associated numbness and tingling involving the left arm and hand- all 5 digits. Range of motion is limited, and turning in all directions leads to an increase in symptoms. Grip strength is diminished on the left. Treatment requested is for Orthopedic Surgical Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgical Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

Decision rationale: This patient receives treatment for chronic neck, upper back and shoulder symptoms. The medical diagnoses include cervical spine spondylosis with neuroforaminal stenosis at C5-C6 and chronic left shoulder symptoms with negative MRIs. This review addresses a request for an orthopedic consultation. On examination the neck ROM mostly intact, the motor and sensory exams are WNL, but the Neer and Hawkins tests are positive. The patient has received multiple intra-articular L shoulder steroid injections, chiropractic and physical therapy sessions. The documentation does not make clear what the exact purpose of the orthopedic consultation is. The guidelines recommend a consultation when there are clinical red flags, a lesion that requires a surgical intervention, or a significant change in the patient's condition not explained by prior clinical or objective evaluations. Based on the documentation, an orthopedic consultation is not medically necessary.