

Case Number:	CM15-0147434		
Date Assigned:	08/10/2015	Date of Injury:	05/14/2015
Decision Date:	09/11/2015	UR Denial Date:	07/10/2015
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, North Carolina
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 58 year old female, who sustained an industrial injury on 5-4-2015. The mechanism of injury was transferring a client to a wheelchair from his bed. The injured worker was diagnosed as having cervical strain, rule out disc herniation, right shoulder impingement syndrome, thoracic strain and lumbar strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-26-2015, the injured worker complains of neck pain and tingling throughout the right upper extremity, right shoulder pain, upper back pain, mid and low back pain and sleep disturbances. Physical examination showed cervical, lumbar and right shoulder decreased range of motion with muscular guarding. The treating physician is requesting orthopedic evaluation-treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation/treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

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

Decision rationale: Regarding the request for an orthopedic consultation, ACOEM supports consultation if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient has been treated with chiropractic and medication. Conservative treatment modalities have not been exhausted. The diagnosis is not uncertain or complex, being comprised mainly of musculoskeletal strains. There are no neurologic deficits noted. Therefore, the request is not medically necessary.