

<b>Case Number:</b>	CM15-0180248		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, 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 56 year old male, who sustained an industrial injury on 6-10-13. Medical record indicated the injured worker is undergoing treatment for right rotator cuff tear versus slap lesion, muscle spasms of cervical spine and thoracolumbar sprain-strain. Treatment to date has included oral medications including Naproxen, Prilosec and Tylenol; topical analgesic, physical therapy and activity modifications. On 4-8-15 he reported lumbar pain radiating up to his cervical area and notes the pain is not getting any better and on 8-5-15, the injured worker reports there are no major changes in his condition; he notes medications help him relax a little and describes the discomfort as aching, burning, tingling, numb, shooting, sharp, random, and varies with activity and movement. On 8-5-15 he rated the pain as 7 out of 10 without medications and 6 out of 10 with medications. He is temporarily totally disabled. Physical exam on 8-5-15 revealed pain-tenderness upper to mid cervical, mid to lower cervical, cervicothoracic, upper thoracic, mid-thoracic, lower thoracic, thoracolumbar, upper and lower lumbar, lumbosacral and sacral area. The treatment plan included discontinuation of Prilosec and Naproxen and a prescription for Tylenol 500mg was given; and a request for authorization for a consultation. On 8-5-15 a request for authorization was submitted for Tylenol 500mg #90 and a consult. The request for authorization for a consult noting a referral should specify the concerns to be addressed in the consultation including relevant medical and non-media issues; diagnosis, etc. and demonstrates medical necessity. The request does not meet criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient consultation/referral to orthopedics:** Overturned

**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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there is concern of a rotator cuff tear vs a slap lesion. There is also persistent spinal pain. The request for an orthopedic consultation to determine pathophysiology and possible surgical intervention is appropriate and medically necessary.