

Case Number:	CM15-0187356		
Date Assigned:	09/29/2015	Date of Injury:	09/21/2004
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 a 57 year old male who sustained an industrial injury September 21, 2004. According to a primary treating physician's progress report dated August 5, 2015, the injured worker presented for follow-up with complaints of significant low back pain with increased radiation to the left lower extremity, constant numbness and tingling. He also reports persistent neck pain rated 7 out of 10 and right shoulder symptoms (unspecified). He was having difficulty breathing (unspecified) and was receiving medication from his private physician. Physical examination revealed; 5'10" and 183 pounds and in no acute distress; antalgic short-stepped gait; cervical spine- tenderness to bilateral trapezius, right greater than left, reduced range of motion, weakness bilateral upper extremities; right shoulder- acromioclavicular joint tenderness and crepitus; reduced range of motion, decreased grip strength; lumbar spine- pain with heel and toe walk, forward flexion 10 degrees, extension 5 degrees and left and right lateral bend 10 degrees. Diagnoses are elbow epicondylitis; bilateral shoulder right greater than left impingement; cervical discopathy C5-C6; lumbar sprain, strain; lumbar spine discopathy; bilateral carpal tunnel syndrome; asthma; depression, anxiety. Treatment included scheduled chiropractic treatment, medication from private physician, and at issue, a request for authorization dated August 5, 2015, for orthopedic re-evaluation within six weeks. According to utilization review dated August 25, 2015, the request for Orthopedic Re-evaluation (within six weeks) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Re-Evaluation (within six weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient has multiple orthopedic diagnosis. According to the clinical documentation provided and current MTUS guidelines, orthopedic consultation is indicated as a medical necessity to the patient at this time.