

Case Number:	CM15-0196448		
Date Assigned:	10/12/2015	Date of Injury:	02/09/2012
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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: Preventive Medicine, Occupational 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 55-year-old female, with a reported date of injury of 02-09-2012. The diagnoses include chronic cervico-trapezial sprain and strain, C3-4, C4-5, and C5-6 facet arthropathy, right upper extremity flexor and extensor tendonitis, right lateral epicondylitis, and shoulder pain. Treatments and evaluation to date have included acupuncture, Flexeril, and Ibuprofen. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-18-2015 is handwritten and somewhat illegible. The report indicates that the injured worker complained of bilateral hand pain, right greater than left, right elbow pain, cervical spine pain, and bilateral shoulder pain, right greater than left. There was also pain at the acromioclavicular joint. On 04-21-2015, there was no documentation of bilateral shoulder pain. The objective findings (08-18-2015) included tenderness to palpation of the bilateral acromioclavicular joints, right greater than left. The injured worker has been instructed to return to full duty on 08-18-2015. The request for authorization was dated 09-04-2015. The treating physician requested an evaluation with an orthopedic surgeon times four visits and treatment with an orthopedic surgeon times four visits for the bilateral shoulders. On 09-14-2015, Utilization Review (UR) non-certified the request for treatment with an orthopedic surgeon times four visits and modified the request for an evaluation with an orthopedic surgeon times four visits to one evaluation visit with an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with an orthopedic surgeon Qty: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the diagnoses include chronic cervico-trapezial sprain and strain, C3-4, C4-5, and C5-6 fact arthropathy, right upper extremity flexor and extensor tendonitis, right lateral epicondylitis, and shoulder pain. The injured worker's pain levels appear to be increasing despite attempts at conservative treatments, therefore a referral to an orthopedic provider is warranted. However, there is no indication for a pre-approval of 4 visits, therefore, the request for evaluation with an orthopedic surgeon Qty: 4 is determined to not be medically necessary.

Treatment with an orthopedic surgeon Qty :4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the diagnoses include chronic cervico-trapezial sprain and strain, C3-4, C4-5, and C5-6 fact arthropathy, right upper extremity flexor and extensor tendonitis, right lateral epicondylitis, and shoulder pain. The injured worker's pain levels appear to be increasing despite attempts at conservative treatments, therefore a referral to an orthopedic provider is warranted. However, there is no indication for a pre-approval of 4 visits, therefore, the request for evaluation with an orthopedic surgeon Qty: 4 is not supported. There is no indication for treatment with an orthopedic surgeon prior to an evaluation from the surgeon, therefore, the request for treatment with an orthopedic surgeon Qty: 4 is determined to not be medically necessary.