

Case Number:	CM15-0196822		
Date Assigned:	10/12/2015	Date of Injury:	05/01/2014
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
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: Texas, New York, 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 applicant is a represented 41-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 1, 2014. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for a referral to a general orthopedic doctor. The claims administrator referenced a September 14, 2015 RFA form in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination and, moreover, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On a September 11, 2015 order form, referral to a general orthopedic doctor was sought to evaluate and treat the applicant's complaints of shoulder pain. On an associated August 20, 2015 office visit, the applicant reported ongoing complaints of neck and shoulder pain with associated right upper extremity paresthesias. The applicant had undergone an earlier cervical spine surgery, it was suggested. X-rays were endorsed. The applicant was asked to wean himself off of the cervical collar. The applicant was placed off of work, on total temporary disability. The requesting provider was seemingly a cervical spine specialist, it was suggested. On July 6, 2015, the applicant had did undergo a single-level cervical fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to evaluate and treat with general orthopedic doctor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127 ACOEM Chapter 5, Cornerstones of Disability Prevention and Management, Referrals, page 92.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for a referral to a general orthopedic doctor was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, thus, the requesting provider, an orthopedic spine surgeon, seemingly suggested that the applicant obtain the added expertise of an orthopedic shoulder surgeon to evaluate ongoing complaints with and/or allegations of shoulder pain. Said spine surgeon was likely ill-equipped to address issues with and/or allegations of shoulder pain. Obtaining the added expertise of a practitioner better qualified to address such issues was, thus, indicated. Therefore, the request was medically necessary.