

Case Number:	CM15-0207301		
Date Assigned:	10/26/2015	Date of Injury:	10/01/2014
Decision Date:	12/15/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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 42 year old female, who sustained an industrial injury on 10-1-14. The injured worker has complaints of right shoulder pain and limited range of motion. The diagnoses have included lumbar radiculopathy and thoracic sprain and strain. Upper extremity joint magnetic resonance imaging (MRI) on 6-2-15 revealed there is mild supraspinatus tendinosis without tear; moderate subacromial subdeltoid bursitis; there is mild osteoarthritis of the acromioclavicular (AC) joint with a type 11 acromial configuration resulting in mild narrowing of the osseous outlet and the labrum and long head biceps tendon are normal. Lumbar spine X-ray on 10-1-14 revealed the vertebral bodies, intervertebral spaces and processes appear normal; the spinal alignment appears normal; there is no evidence of fracture. Thoracic spine X-ray on 10-2-14 revealed there is degenerative spurring, greatest on the right at T7 through T12; there is disc space narrowing; there is no fracture and the cervicothoracic junction is not included on the radiograph. Treatment to date has included approximately six session of acupuncture and six sessions of physical therapy; meloxicam; orphenadrine citrate ER; advil; flexi-pac; hot and cold compress and back support. The original utilization review (9-22-15) non-certified the request for pain management consultations for the neck and low back and orthopedic and hand specialist consultation for right carpal tunnel syndrome. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultations for the neck and low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7; Official Disability Guidelines (ODG), Low Back Chapter, Evaluation and management.

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

Decision rationale: CA MTUS Guidelines refers to ACOEM Guidelines which indicate that a specialty consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability and permanent/residual loss and/or examinee's fitness to return to work. In this case, there is no documentation that the provider has exhausted all diagnostic and therapeutic options prior to the referral request. No rationale is given for the medical necessity of the specialty consultation. Therefore, due to the lack of information submitted, the request is not medically necessary or appropriate.

Orthopedic/hand specialist consultation for right carpal tunnel syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7; Official Disability Guidelines (ODG), Low Back Chapter, Evaluation and management.

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

Decision rationale: CA MTUS Guidelines refers to ACOEM Guidelines which indicate that a specialty consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability and permanent/residual loss and/or examinee's fitness to return to work. In this case, there is no documentation that the provider has exhausted all diagnostic and therapeutic options prior to the referral request. No rationale is given for the medical necessity of the specialty consultation. Therefore, due to the lack of information submitted, the request is not medically necessary or appropriate.