

Case Number:	CM15-0209942		
Date Assigned:	10/28/2015	Date of Injury:	08/17/2015
Decision Date:	12/09/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 8-17-2015. A review of the medical records indicates that the injured worker is undergoing treatment for symptomatic menopausal state. The patient has "brain pressure" dehydration with profuse sweating and stress from working in hot condition on aircraft. On 8-27-2015, the injured worker reported headaches rated 2 out of 10. The Primary Treating Physician's report dated 8-27-2015, noted the injured worker with no known current medication. The physical examination was noted to show the injured worker in no acute distress, with no fascial or head tenderness, unrestricted neck range of motion (ROM), and no difficulty with head turning or evidence of trapezius weakness. The Physician noted the injured worker may have experienced mild dehydration not requiring treatment, with continued complaints and constellation of symptoms suggestive of symptomatic menopause in the absence of other medical explanations such as anemia. The request for authorization dated 10-13-2015, requested an orthopedic evaluation and treatment. The Utilization Review (UR) dated 10-22-2015, non-certified the request for an orthopedic evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation and treat: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Submitted reports have not demonstrated any musculoskeletal complaints, limitations in ADLs, or remarkable clinical findings to support for the orthopedic consult. Exam is without specific positive orthopedic testing, significant findings on imaging with surgical pathology. Additionally, reports have not identified any surgical lesion or indication for surgical consult when the patient is without red-flag conditions. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Orthopedic evaluation and treat is not medically necessary or appropriate.