

Case Number:	CM15-0217799		
Date Assigned:	11/09/2015	Date of Injury:	12/26/2012
Decision Date:	12/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/05/2015

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 12-26-2012. A review of medical records indicates the injured worker is being treated for cervical disc protrusion, right shoulder bursitis, and aseptic necrosis of other bone site. Medical records dated 9-21-2015 noted cervical pain was rated 5 out of 10 and is relieved with medications Right shoulder pain was rated 5 out of 10 and is relieved with medications Right wrist pain was rated 5 out of 10 and is relieved with medications. Pain was improved since the last visit. Physical examination noted decreased cervical range of motion and Spurling's was positive. There was decreased range of motion to the right shoulder with tenderness and spasm. There was decreased range of motion to the right wrist with tenderness and spasm of the lateral wrist and forearm. Treatment has included Naproxen and tramadol since at least 5-11-2015. Utilization review form dated 10-8-2015 noncertified 1 pain management consultation and 1 orthopedic specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative), 4/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient was injured on 12/26/12 and presents with neck pain, right wrist pain, and right shoulder pain. The request is for 1 pain management consultation due to ongoing pain not resolving with conservative treatment. There is no RFA provided and the patient is to return to modified work duty on 09/21/15, however she is unable to lift more than 15 pounds with the right hand. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is diagnosed with cervical disc protrusion, right shoulder bursitis, and aseptic necrosis of other bone site. The most recent treatment report from 09/21/15 does not indicate what medications the patient is taking. Given the patient's continued pain and diagnosis, a pain management consultation appears reasonable. Therefore, the request is medically necessary.

Orthopedic specialist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery- Carpal Tunnel Release; Carpal Tunnel Syndrome (Acute and Chronic): Carpal Tunnel Release Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient was injured on 12/26/12 and presents with neck pain, right wrist pain, and right shoulder pain. The request is for orthopedic specialist consultation for ongoing right hand and wrist pain. There is no RFA provided and the patient is to return to modified work duty on 09/21/15, however she is unable to lift more than 15 pounds with the right hand. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is diagnosed with cervical disc protrusion, right shoulder bursitis, and aseptic necrosis of other bone site. Given the patient's ongoing right hand and wrist pain, a second opinion appears medically reasonable. Therefore, the requested orthopedic specialist consultation is medically necessary.