

Case Number:	CM15-0053125		
Date Assigned:	03/26/2015	Date of Injury:	05/09/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois

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 51 year old female, who sustained an industrial injury on May 9, 2009. She reported injury to her neck, low back, left knee and right shoulder. The injured worker was diagnosed as having impingement syndrome of shoulder on the right side, internal derangement of the knee on the left, discogenic lumbar condition with multilevel disc disease and chronic pain syndrome. Treatment to date has included diagnostic studies, surgery, TENS unit, medications, injections, physical therapy, ice and heat application. Currently, the injured worker complained of pain to the cervical spine, shoulder, knee and lower back along with numbness of the hands. Physical examination revealed right shoulder range of motion at 90 degrees forward flexion. The treatment plan included neck pillow and neck traction, DonJoy brace, diagnostic studies, medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervic collar with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic Collars (cervical)).

Decision rationale: The injured worker sustained a work related injury on May 9, 2009. The medical records provided indicate the diagnosis of impingement syndrome of shoulder on the right side, internal derangement of the knee on the left, discogenic lumbar condition with multilevel disc disease and chronic pain syndrome. Treatments have included surgery, TENS unit, medications, injections, physical therapy, ice and heat application. The medical records provided for review do not indicate a medical necessity for cervical collar with air bladder. The MTUS does not recommend the use of cervical collar. The Official Disability Guidelines recommends against the use of cervical collar. The request is not medically necessary.