

Case Number:	CM15-0053688		
Date Assigned:	03/27/2015	Date of Injury:	05/10/2013
Decision Date:	05/05/2015	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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 47-year-old female who sustained an industrial injury on 05/10/2013. Diagnoses include cervical radiculitis, chronic shoulder sprain and chronic lumbar region myofasciitis. Treatment to date has included medications, physical therapy, cognitive behavioral therapy, epidural steroid injections, joint injections and chiropractic care. Diagnostics performed to date included electrodiagnostic studies, x-rays and MRIs. According to the Comprehensive Medical/Legal Evaluation dated 3/3/15, the IW reported persistent bilateral neck and bilateral shoulder pain; the neck pain radiated to the left hand. She also complained of bilateral thumb pain and persistent lumbar pain with radiation to the bilateral feet. A request was made for an orthopedic consult due to continued pain despite treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS - ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing upper back pain that went into the left hand, left hand weakness and numbness, pain in both shoulders and thumbs, and lower back pain with episodes of left leg numbness. While there was no indication if the worker was willing to consider treatment with surgery, the worker's persistent symptoms despite numerous types of conservative treatments is concerning and specialist consultation may be helpful in improving the worker's function. For this reasons, the current request for a consultation with an orthopedic specialist is medically necessary.