

Case Number:	CM15-0060133		
Date Assigned:	04/06/2015	Date of Injury:	11/30/2011
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old male sustained an industrial injury neck, bilateral knees and right shoulder via cumulative trauma from 11/30/10 to 11/30/11. Previous treatment included magnetic resonance imaging, electromyography, left knee arthroscopy times two, cervical spine fusion, right shoulder ACL reconstruction, physical therapy, injections, home exercise and medications. In a PR-2 dated 2/26/15, the injured worker complained of ongoing neck pain with spasticity as well as right shoulder and right knee pain. The injured worker reported that his right knee remained unstable. The injured worker also complained of difficulty sleeping on the right side. Physical exam was remarkable for right knee with tenderness to palpation over the medial joint line, crepitation with range of motion, decreased range of motion, positive McMurray's and laxity with Anterior Drawer test and right shoulder with tenderness to palpation, limited range of motion and positive Neer sign. Current diagnoses included status post bilateral ACL reconstruction, cervical spine sprain/strain, status post discectomy and fusion, right shoulder impingement syndrome, rule out rotator cuff tear, thoracic spine sprain/strain, lumbar spine discogenic changes and right lateral epicondylitis. The treatment plan included magnetic resonance imaging knee, physical therapy for the knee and shoulder, continuing home exercise, refill medications (Tramadol and Motrin) and neurosurgeon evaluation for spasticity to the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurologist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the requesting physician notes that the patient has a history of cervical discectomy and fusion and currently complains of his upper extremities locking up and spasming. As the evaluation of this complaint in a patient with a history of spine surgery appears to be outside of the scope of practice of the requesting physician, the currently requested consultation is medically necessary.