

Case Number:	CM15-0084087		
Date Assigned:	05/06/2015	Date of Injury:	02/05/2014
Decision Date:	06/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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: Internal 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 43 year old male, who sustained an industrial injury on February 5, 2014, after a truck accident injuring his low back, shoulder, ribs and right leg. He was diagnosed with a cervical spine strain, right shoulder calcification of the rotator cuff, right carpal tunnel syndrome, lumbar spine strain and lumbar radiculopathy. Treatment included home exercise program, gym membership, pain management, shoulder immobilizer, rib belt, lumbar support and ice. Currently, the injured worker complained of pain in his low back radiating into the right lower extremity. The treatment plan that was requested for authorization included a consultation with an orthopedic surgeon for a right shoulder and pain management of the cervical and lumbar regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon, Right Shoulder: Upheld

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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. The primary treating physician's progress report dated 04-24-2014 documented cervical spine strain, right shoulder calcification of the rotator cuff, right carpal tunnel syndrome, lumbar spine strain, with radiculopathy into the right lower extremity, and contusion of the right rib. Orthopedic surgeon for shoulder was requested 03-27-2015. The 04-24-2014 report was the latest progress report in the submitted medical records. The 04-24-2014 report is dated 11 months before the orthopedic surgeon request dated 03-27-2015. Without updated progress reports, the request for orthopedic surgeon referral is not supported. Therefore, the request for orthopedic surgeon for shoulder is not medically necessary.

Pain management, Cervical & Lumbar regions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. The primary treating physician's progress report dated 04-24-2014 documented cervical spine strain, right shoulder calcification of the rotator cuff, right carpal tunnel syndrome, lumbar spine strain, with radiculopathy into the right lower extremity, and contusion of the right rib. Pain management for cervical and lumbar was requested 03-27-2015. The 04-24-2014 progress report was the latest progress report in the submitted medical records. The 04-24-2014 report is dated 11 months before the pain management request dated 03-27-2015. Without updated progress reports, the request for pain management referral is not supported. Therefore, the request for pain management for cervical and lumbar is not medically necessary.