

Case Number:	CM14-0115056		
Date Assigned:	08/20/2014	Date of Injury:	07/12/2012
Decision Date:	10/06/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33 year-old male. The patient's date of injury is 7/12/2012. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with Cervical Sprain/strain, bilateral shoulder scapular strain, and right elbow tendonitis. The patient's treatments have included injections, acupuncture, physical therapy, imaging studies, and medications. The physical exam findings, dated 5/22/2014 shows the lumbar exam as a decrease in range of motion, with a positive left leg straight raise test. There is also a decrease in sensation at the L5-S1 nerve root distribution. The cervical neck exam showed decreased range of motion. The patient's medications have included, but are not limited to, Norco, Voltaren and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgeon Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Pain Procedure Summary (last updated 06/10/2014), Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, chapter 7

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for referral to General Surgery. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is limited current exam findings and diagnosis that would support an indication for a General Surgeon. The diagnoses that have been presented are orthopedic diagnosis. According to the clinical documentation provided and current MTUS guidelines; referral to General Surgery is not indicated as a medical necessity for the patient at this time.

Psych Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for referral to Psych. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is limited current exam findings and diagnosis that would support an indication for a Psych referral. The diagnoses that have been presented are orthopedic diagnoses. According to the clinical documentation provided and current MTUS guidelines; referral to Psych is not indicated as a medical necessity for the patient at this time.