

Case Number:	CM14-0122495		
Date Assigned:	08/06/2014	Date of Injury:	09/22/2011
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine and is licensed to practice in California. 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 injured worker is a 60 year-old male with date of injury 09/22/2011. The most relevant medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/09/2014, lists subjective complaints as pain in the neck and left shoulder. Objective findings include examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasm. Range of motion was restricted. Left shoulder: Tenderness to palpation of the anterior shoulder. Range of motion was reduced on flexion/abduction by 30%. There is positive impingement sign. Lumbar spine has paravertebral muscles were tender to palpation with spasm. The range of motion was restricted. Straight leg raising test was positive on the left. Diagnosis includes cervical sprain, lateral epicondylitis, carpal tunnel syndrome, shoulder impingement, L5, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. In this case, the medical record lacks sufficient documentation and does not support a referral request. Therefore, the request for an Orthopedic Consultation is not medically necessary and appropriate.