

Case Number:	CM14-0139335		
Date Assigned:	09/05/2014	Date of Injury:	01/25/2011
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This is a 64-year-old female with a date of injury of 1/25/2011. The patient had psychiatric qualified medical evaluations (QME) on 2/5/2014. She alleges that she sustained emotional injury as a result of her employment. At the time of the evaluation, the patient was complaining of left knee pain, neck pain, shoulder pain and low back pain. She also had numbness in her fingers and had difficulty with mobility. This was all associated with depression and anxiety. Note was made of a QME (orthopedic) evaluation done on 6/25/2013. In this evaluation, the diagnosis was stress related neck pain, nonindustrial cervical degenerative disc disease, nonindustrial bilateral carpal tunnel syndrome, and stress related shoulder pain. The orthopedic consultant stated that the neck and shoulder pain was unchanged from her injury of 1/25/2011. An orthopedic follow-up evaluation was done on 11/26/2013 to address a new injury of 11/14/2012. The diagnosis of acute lumbar contusion was added to the other diagnoses. The orthopedic consultant felt that the patient had severe symptoms in the lumbar spine; however, he did not have enough information and needed more medical records and an MRI. The orthopedic surgeon also felt that absent the psychiatric claims, the application could continue to work in her regular duties with at most, mild neck symptoms related to nonindustrial pre-existing degenerative disc disease. The patient has a history of high blood pressure, asthma, and diabetes. A psychiatric progress note of 6/13/2014 states the patient is as depressed as ever. She has had injections recommended and if that does not help she need surgery and there is an ongoing request for an orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgery Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/10/14), Office Visits

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) Chapter 7, page(s) 127

Decision rationale: The ACOEM guidelines state that a consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/ or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of the examinee or patient. With regards to the industrial injury of 1/25/2011, the patient had a qualified medical evaluation by an orthopedic surgeon on 6/25/2013 and a follow-up on 11/26/2013. Both times the orthopedic consultant felt that the patient's injury of 1/25/2011 was stable and that most of her symptoms were the result of her psychiatric problems. Therefore, according to the guidelines, the medical necessity for an orthopedic consultation to address continuing symptoms sustained in an injury of 1/25/2011 has not been established.