

<b>Case Number:</b>	CM14-0160382		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 33-year-old male who reported injury on 03/28/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of neck pain, left shoulder pain, and left wrist pain. Past medical treatment consists of physical therapy and medication therapy. Medications include Norco, Ultracet, Biofreeze gel, and Relafen. The injured worker has undergone MRIs of the neck, wrist, and shoulder. He has also undergone EMG/NCV studies. On 09/04/2014 the injured worker complained of neck and shoulder pain. There were no objective findings submitted in the progress report. The medical treatment plan is for the injured worker to undergo a second opinion consultation with an orthopedist. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second opinion consultation with an Orthopedist for cervical spine and left shoulder, per 9/4/14 exam:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 9/10/2014

**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) Consultation Chapter 6, page 163.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss, and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. It was noted in progress note dated 09/04/2014 that the injured worker had shoulder pain. However, there were no objective findings submitted for review indicating any sensory deficits, tenderness regarding the injured worker. Additionally, there was no rationale submitted for review to warrant the request. Given the above, the injured worker is not within MTUS/ACOEM Guidelines. As such, the request for second opinion consultation with an Orthopedist for cervical spine and left shoulder, per 9/4/14 exam is not medically necessary and appropriate.