

Case Number:	CM14-0087470		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2014
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal 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 patient is an injured worker with headaches, blurred vision, tinnitus, neck pain, and left shoulder pain, associated with blunt trauma. Date of injury was 4/20/14. Regarding the mechanism of injury, on April 20, 2014, she was physically struck in her head, neck, and left shoulder. She developed headaches, blurred vision, tinnitus, neck pain, and left shoulder pain. A progress report dated 5/21/14 documented that the patient was taking naproxen for inflammation and she was advised to stop Orphenadrine and start Cyclobenzaprine. The patient complained of neck pain status post blunt head trauma. She reported tenderness in the left parietal area. The patient complained of left shoulder pain. On examination, cervical flexion brought the chin to within 1/2 inch of the chest wall and extension was to 25. Motor, reflex, and sensory examination of the upper extremities were within normal limits. The cranial nerve examination was normal. The examination of left shoulder showed normal ranges of motion. There was point tenderness about the posterior glenohumeral joint. Her diagnoses were contusion of the head, contusion of the left shoulder, and cervical strain. The 5/9/14 CT scan of the head was normal. Treatment plan included physical therapy. Because of the patient's persistent symptoms despite conservative treatment, neurology and orthopedic referrals were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho evaluate and treat/transfer of care: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Medical Examiner, page 127.

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. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The patient is an injured worker with headaches, blurred vision, tinnitus, neck pain, and left shoulder pain, associated with blunt trauma 4/20/14. Because the patient has persistent symptoms and physical findings despite conservative treatment, the patient's course of care would benefit from additional expertise. A referral would aid in the diagnosis and therapeutic management of this patient. Per ACOEM guidelines, a consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Referral to an orthopedic specialist is supported by medical records and ACOEM guidelines. Therefore, the request for an Orthopedic evaluation and treatment and transfer of care is medically necessary.

Neuro evaluate and treat/transfer of care: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Medical Examiner, page 127.

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. ACOEM Chapter 7 Independent Medical Examiner

(Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The patient is an injured worker with headaches, blurred vision, tinnitus, neck pain, and left shoulder pain, associated with blunt trauma 4/20/14. Because the patient has persistent symptoms and physical findings despite conservative treatment, the patient's course of care would benefit from additional expertise. A referral would aid in the diagnosis and therapeutic management of this patient. Per ACOEM guidelines, a consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Referral to a Neurologist is supported by medical records and ACOEM guidelines. Therefore, the request for an Neurology evaluation and treatment and transfer of care is medically necessary.