

Case Number:	CM14-0214431		
Date Assigned:	01/07/2015	Date of Injury:	02/02/1976
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 39 year old male claimant sustained a work injury on 2/2/76 involving the lower back, hips, right shoulder, neck and wrists. He was diagnosed with lumbar disc disease and underwent an L2- L5 laminectomy in 2010. He was also diagnosed with hip arthritis and underwent bilateral total hip replacement. He had bilateral carpal tunnel releases and C-5 -C6 cervical surgery. He had undergone a right shoulder clavicle resection in 1997 at which time infraspinatus and supraspinatus tendinitis was identified. A progress note on November 25, 2014 indicated the claimant had persistent pain in the involved areas. He had previously undergone epidural blocks and facet blocks. Exam findings were notable for tenderness in the cervical area as well as the lumbar area. There was tenderness in the right shoulder joint space. The left hip had severe pain with internal and external rotation. The physician requested toenail care, orthopedic consultation for the right shoulder and an L4-L5 bilateral facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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) specialist and pg 127

Decision rationale: According to the ACOEM Guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant already underwent numerous surgeries. There is no indication for additional surgery. There were no recent x-rays performed or exam findings that would necessitate surgical intervention. Therefore the request for an orthopedic consultation is not necessary.

Toe nails care/trimming 1x month for 6 month: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare guidelines for nail trimming Oct. 2011

Decision rationale: The ACOEM and ODG guidelines do not comment on routine foot care. There was no documentation of toe nail abnormality. The guidelines above do not support routine foot care such as nail trimming. The request therefore is not medically necessary.

Bilateral Facet block L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the ACOEM Guidelines, facet blocks do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines, facet blocks are recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. In this case, the claimant had undergone an unknown amount of prior facet blocks. The request for additional lumbar facet blocks is not medically necessary.