

Case Number:	CM14-0216242		
Date Assigned:	01/06/2015	Date of Injury:	06/25/2014
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery

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 58 year-old male with a work related injury dated June 2, 2014. The worker had another person that he was trying to restrain, when the person fell on him, the following day he could not get out bed, he went to work and was terminated on June 26, 2014. The worker had received physical therapy to the right shoulder, right arm and low back, treated with pain medication and muscle relaxants and was given a lumbar support. The physician's visit dated November 7, 2014 reflected that the worker was experiencing low back pain with right leg pain. Pain was constant, worse with sitting, bending, walking and radiated down the back of the right leg and foot and neck pain. Physical exam was remarkable for numbness, tingling and burning in the right leg, mild right leg antalgic gait, pain with lumbar extension and rotation, pain with palpation in the right low back area. An x-ray of the lumbar spine showed lateral views with disc collapse and narrowing at the L4-L5 and L5-S1 and rudimentary S1-S2 disc. A magnetic resonance imaging of the lumbar spine dated August 21, 2014 showed a broad-based protrusion of the L4-L5 resulting in moderate central and severe sub articular foraminal stenosis. At the L5-S1 there was a broad-based disc/osteophyte complex resulting in moderate central and severe sub articular and foraminal stenosis. Diagnosis at this visit included diabetes, anticoagulant therapy for cardiac stent, right lumbosacral radiculopathy. Work restrictions included modified duty with limited pushing, pulling, lifting capacity of ten pounds with no repetitive bending or twisting. Treatment at this visit include an authorization request for a right L5 transforaminal epidural injection, an orthopedic evaluation, continuation of anticoagulation therapy, an evaluation for medication management, a urine drug screen and follow up in six weeks. The

utilization review decision dated December 5, 2014 non-certified the request for consultation with an orthopedist for the right shoulder and unspecified treatment with an orthopedist. The rationale for non-coverage was based on the ACOEM, which states that a referral for consultation to aid in diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual and/or the examiners' fitness for return to work. The ODG further states the determination is necessary for an office visit requires individualized case review and assessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In the case in question, there should be a diagnosis and further workup. The worker should have a physical examination of findings that correlate to a diagnosis that an orthopedic surgeon can treat. The documentation reviewed did not contain enough information to support the medical necessity for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedist for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Shoulder Chapter, Office Visits Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records from 11/7/14 does not demonstrate any objective evidence or failure of conservative care to warrant a consultation with an orthopedic specialist for the shoulder. Therefore the determination is for non-certification.

Unspecified treatment with an orthopedist for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Shoulder Chapter, Office Visits Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may

benefit from additional expertise. In this case the records from 11/7/14 does not demonstrate any objective evidence or failure of conservative care to warrant unspecified treatment with an orthopedist for the right shoulder. Therefore the determination is for non-certification.