

Case Number:	CM15-0010876		
Date Assigned:	01/28/2015	Date of Injury:	06/18/2014
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 44 year old male, who sustained an industrial injury on 06/18/2014. He has reported subsequent neck and upper back pain with numbness and tingling to the hands and was diagnosed with cervical, thoracic and lumbar spine sprain/strain, cephalgia, lateral epicondylitis and stenosing tenosynovitis. Treatment to date has included oral medication, physiotherapy and chiropractic therapy. In a progress note dated 11/21/2014, the injured worker reported a moderate improvement in symptoms with chiropractic therapy and medication. Objective physical examination findings were notable for tenderness to palpation of the right and left paracervical musculature, trapezzi and levator scapulae, and decreased range of motion, tenderness to palpation of the para dorsal musculature of the thoracic spine, tenderness to palpation of the para lumbar musculature with spasm and reduced range of motion, tenderness to palpation over the bicipital groove of the bilateral shoulders with reduced range of motion, tenderness over the lateral extension muscle mass of the left elbow and tenderness to palpation over the region of the carpal tunnel and anatomical snuff box in the right and left wrist with positive Tinel's and Finkelstein's test. A request was made for a functional capacity evaluation which was performed on 12/02/2014. A subsequent request for authorization of an orthopedic surgical consult was made without an explanation as to why the request was needed. On 01/09/2015, Utilization Review non-certified a request for an orthopedic surgery consult, noting that the records didn't outline any current functional deficits that would be considered appropriate for orthopedic consultation. ODG guidelines were cited.

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 Chapter, Subheading, Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 208-209, 289, 296. Decision based on Non-MTUS Citation Neck and Upper Back, Office Visits

Decision rationale: ACOEM states for a shoulder injury "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) Activity limitation for more than four months plus existence of a surgical lesion Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. ACOEM states for neck and upper back injuries. The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms Activity limitation for more than one month or with extreme progression of symptoms Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term Unresolved radicular symptoms after receiving conservative treatment. ACOEM states concerning low back complaints: Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. The treating physician has not provided the specific goal of the orthopedic referral and has not provided documentation to meet the above ACOEM guidelines for referral to an orthopedic specialist for shoulder, neck, and/or low back complaints. As such the request for an Orthopedic surgery consultation is not medically necessary.