

<b>Case Number:</b>	CM15-0112198		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Texas, 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:

This is a 60-year-old female, who sustained an industrial injury on 08/06/2013. The diagnoses have included head contusion; right shoulder sprain/strain with derangement; left shoulder sprain/strain rule out derangement; cervical sprain/strain; lumbar sprain/strain; myofascitis; radiculitis; and lumbar degenerative joint disease. According to the progress notes dated 5/18/15, she had complaints of moderate neck pain, described as pinching, rated 5/10; constant severe right shoulder pain rated 6/10; constant severe upper and lower back pain rated 6/10; and constant moderate head pain rated 6/10. Physical examination revealed tenderness over the muscles of the upper and lower back with decreased, painful range of motion in the spine and bilateral shoulders, positive Impingement signs in both shoulders. Per the progress report from the treating provider, dated 04/20/2015, she had complains of frequent moderate neck pinching, rated at a 5 on a scale of 1 to 10; constant severe right shoulder aches, sharp pain, rated at a 6; frequent moderate left shoulder sharp pain, rated at a 5; constant severe upper back stabbing, rated at a 6; constant severe lower back shooting, throbbing, aches, rated at a 6; and constant moderate head pinching, throbbing, sharp pain, rated at a 6. Physical examination revealed cervical spine range of motion decreased and painful in all planes; tenderness to palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital bilaterally; decreased right shoulder range of motion with pain in all planes; positive impingement sign, apprehension sign on the right, and Apley's bilaterally; tenderness to palpation over the biceps, deltoid, and acromioclavicular joint bilaterally; right hand grip strength weaker than left hand; lumbar range of motion decreased and painful in all planes; and tenderness to palpation over the quadratus

lumborum, erector spinae, latissimus dorsi, sacroiliac joints, gluteus, and biceps femoris bilaterally. Medications list includes Tramadol, Naproxen, Cyclobenzaprine, synovacin, Dendracin topical cream, and Omeprazole. She has undergone bilateral carpal tunnel surgeries. She has had MRI of the right shoulder on 11/13/13 which showed a subscapularis tendon tear; MRI of the lumbar spine on 5/5/15 which showed straightening of the lordotic curvature with limited range of motion in flexion and extension, multilevel disc herniation and degenerative changes with neural foraminal narrowing at L2-3, L3-4 and L4-5. She has had home exercise, physical therapy and activity modification for this injury. The treatment plan has included the request for orthopedic surgeon consultation; and MD evaluation and medication (management).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Orthopedic Surgeon Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

**Decision rationale:** Orthopedic Surgeon Consultation. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had back pain, neck pain and bilateral shoulder pain. Patient has significant objective findings on the physical examination- tenderness and decreased range of motion of the cervical and lumbar spine and bilateral shoulders. She has diagnostic studies with abnormal findings. Evaluation with orthopedic is medically appropriate to evaluate patient's musculoskeletal problems and manage her chronic pain. The request of Orthopedic Surgeon Consultation is medically necessary in this patient at this juncture.

#### **MD evaluation and medication: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

**Decision rationale:** MD evaluation and medication. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had back pain, neck pain and bilateral shoulder pain. Patient has significant objective findings on the physical examination- tenderness and decreased range of motion of the cervical and lumbar spine and

bilateral shoulders. She has diagnostic studies with abnormal findings. In addition, patient is on multiple medications. Evaluation with a MD (occupational medicine) is medically appropriate for management of pain medications and restrictions. The request of MD evaluation and medication (management) is necessary in this patient at this juncture.