

Case Number:	CM15-0122905		
Date Assigned:	07/07/2015	Date of Injury:	10/03/2012
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female, who sustained an industrial injury on 10/03/2012, resulting from cumulative trauma. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain/strain, lumbar disc herniation L3-4, left shoulder superior labral tear, left shoulder partial biceps tendon tear, left shoulder impingement syndrome, and left wrist sprain. Treatment to date has included diagnostics, physical therapy, cortisone injections, and medications. Currently (PR2 5/11/2015), the injured worker complains of severe low back pain with radiation to the lower extremities. She also reported some left shoulder and wrist pain. X-rays of the left shoulder, left wrist, and lumbar spine on 2/02/2015 were referenced. Magnetic resonance imaging of the right hip (9/09/2014), lumbar spine (1/16/2013), and right shoulder (2/12/2010) were also referenced. Surgical spine consultation was authorized and pending scheduling and she was also authorized for physical therapy. The treatment plan included an orthopedic follow-up visit. She was currently retired. Urine toxicology (2/02/2015) was positive only for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Follow-Up Visit x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand and Wrist: Office Visit chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician, the existence of a primary pain complaint in the spine does not obviate the need for continued treatment of other orthopedic complaints. Additionally, the UR physician indicates that wrist imaging is normal, however they did not comment on the imaging which indicates superior labral tear and biceps tendon tear which would also require orthopedic follow up. The UR physician is not abiding any guidelines in their assertion, merely providing opinion. The request is medically necessary.