

Case Number:	CM15-0123273		
Date Assigned:	07/07/2015	Date of Injury:	11/03/2013
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old female patient who sustained an industrial injury on 11/03/2013. The employee worked regular duty at a fast food restaurant as a "fryer" cleaning down the shop at the end of a shift carrying pots and pans she slipped and fell with resulting injury. On 03/11/2014, the patient underwent electro diagnostic testing of bilateral upper extremity that revealed results were within normal limits. 02/05/2014 she underwent a magnetic resonance imaging (MRI) study of the left shoulder that showed supraspinatus tendinosis and osteoarthopathy of acromioclavicular joint. On 02/05/2014, an MRI of the left elbow revealed minimal joint effusion at the humeroulnar and humeroradial joints. A primary treating office visit dated 11/03/2013 reported the patient currently working modified job duty preparing salads. She has subjective complaint of left elbow, lumbar spine, head, left shoulder, and anxiety/depression symptoms. Objective assessment found positive Spurling's test bilaterally and positive foramina compression test. The following diagnoses were applied: cervical spine strain/sprain, rule out herniated cervical disc with radiculitis/radiculopathy; lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy; mid back strain/sprain; left shoulder strain/sprain, rule out tendinitis, impingement, cuff tear, internal derangement, and left elbow strain/sprain, rule out lateral epicondylitis. The patient has not yet met maximal medical improvement and requires ongoing care. The doctor is recommending an LSO brace for support and relief, prescribed a transcutaneous nerve stimulator unit, prescribed course of physical therapy, and medications: Anaprox, Prilosec, Norco 10/325mg, Ultram, and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for chronic neck, left shoulder, and low back pain. When seen, there was decreased shoulder range of motion. There was decreased spinal range of motion with cervical and lumbar paraspinal muscle tenderness. There were cervical paraspinal muscle spasms. Spurling's testing and foraminal compression testing were positive. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain without identified new injury or change in either symptoms or physical examination findings. The reason for the consultations is not described. The request is not medically necessary.