

Case Number:	CM15-0123604		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2013
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old female who sustained an industrial injury on January 14, 2013. She has reported neck pain with radiation to the bilateral shoulders, bilateral shoulders pain, bilateral elbow pain, bilateral wrist and hand pain; mid and low back pain, bilateral hip pain, left knee pain, and right knee pain. Diagnosis included advanced cervical disc degeneration C5-6 and C6-7, advanced disc degeneration lumbar spine L5-S1, medial epicondylitis bilateral elbows, bilateral wrist strains, bilateral elbow strains, contusion, bilateral hips, impingement syndrome with arthrofibrosis left shoulder, moderate chondromalacia left knee, and somatoform pain disorder. Treatment has included medications, medical imaging, injection, and physical therapy. There was tenderness to the cervical spine. There was tenderness of the left trapezius and over the bicipital groove. There was diffuse tenderness of the lumbar spine and spasm. There was tenderness over the medial joint line. The treatment request includes a referral to an orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG 2nd Edition (2008 Revision) page 503.

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, page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The patient has multiple chronic complaints which have remained unchanged. The medical record lacks sufficient documentation of any of the above indications and does not support a referral request. Referral to Orthopedist is not medically necessary.