

<b>Case Number:</b>	CM15-0125808		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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:

The injured worker is a 55 year old male who sustained an industrial injury on 08/07/2014. The injured worker was diagnosed in an agreed on medical exam(05/04/2015) as having cervical myofascial sprain/strain, impingement syndrome, right shoulder, rule out rotator cuff tear, normal left shoulder examination, normal thoracic examination, and lumbar myofascial sprain/strain. Treatment to date has included aqua therapy, acupuncture, home exercises. At the exam of 06/03/2015, the injured worker complains of mild to moderate throbbing neck pain, stiffness and weakness, frequent moderate to severe throbbing of the upper/mid back pain with stiffness and cramping, intermediate moderate to severe throbbing low back pain, stiffness and cramping, and frequent moderate to severe throbbing left and right shoulder pain, stiffness and cramping,. He also has occasional moderate throbbing of both the right and left ankle. On exam, the cervical ranges of motion are decreased and painful with +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. Shoulder depression causes pain bilaterally. The thoracic ranges of motion are decreased and painful with +3 tenderness to palpation of the thoracic paravertebral muscles. The lumbar ranges of motion are decreased and painful with +3 tenderness to palpation of the lumbar paravertebral muscles. Both left and right shoulder ranges of motion are decreased and painful with +3 tenderness to palpation of the anterior shoulders. Both right and left ankles have decreased and painful range of motion with +3 tenderness to palpation of the lateral ankle bilaterally. A request for authorization is made for the following: 1. Follow-Up with Ortho Surgeon and Pain Management Doctor, 2. Re-Evaluation 4-6 Weeks, 3. Consult with Podiatrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Follow-Up with Ortho Surgeon and Pain Management Doctor:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**Decision rationale:** Per the ACOEM guidelines, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. In this case, the injured worker is noted to have positive objective functional deficits corroborated by positive imaging studies. The injured worker remains symptomatic and the request for Follow-Up with Ortho Surgeon and Pain Management Doctor is medically necessary and appropriate.

### **Re-Evaluation 4-6 Weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Office Visits.

**Decision rationale:** According to ODG, evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The medical records note that the injured worker is currently being followed for injuries sustained to multiple body parts. The patient is undergoing treatments and the request for re-evaluation in 4-6 weeks is medically necessary and appropriate.

### **Consult with Podiatrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**Decision rationale:** According to the ACOEM guidelines, clinicians should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The medical records do not establish evidence of red flags, positive imaging, or significant deficits on clinical examination to support specialty referral to a podiatrist. The request for Consult with Podiatrist is not medically necessary and appropriate.