

Case Number:	CM15-0127306		
Date Assigned:	07/13/2015	Date of Injury:	07/19/2011
Decision Date:	08/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 7/19/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and lumbar disc degeneration, cervico-brachial syndrome, lumbosacral strain, internal derangement of the knee, knee bursitis and left frozen shoulder. There is no record of a recent diagnostic study. Treatment to date has included cervical spine surgery, physical therapy and medication management. In a progress note dated 4/9/2015, the injured worker complains of neck, shoulder and low back pain, rated 7/10. Physical examination showed decreased range of motion in the low back, left shoulder and neck. The treating physician is requesting a second opinion consultation for the right shoulder and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consultation for the right shoulder and bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: Based on the 03/16/15 progress report provided by treating physician, the patient presents with pain to bilateral shoulders, and back pain that radiates down bilateral legs to the knees and ankles, rated 8/10. The patient is status post cervical spine decompression and fusion, date unspecified. The request is for **SECOND OPINION CONSULTATION FOR THE RIGHT SHOULDER AND BILATERAL KNEES**. RFA with the request not available.

Patient's diagnosis on 03/16/15 included neuralgia, neuritis and radiculitis NOS, cervical disc degeneration, cervicobrachial syndrome, internal derangement of knee NOS, knee bursitis and lumbosacral strain. The patient has an antalgic gait to the left. Physical examination to the shoulders on 03/16/15 revealed positive Adson's bilaterally and positive Hawkin's and Speed's test on the LEFT. Examination of the knees revealed positive McMurray's and Patellar Compression tests bilaterally. Treatment to date has included cervical spine surgery, physical therapy and medications. Patient's medications include Oxycontin, Paroxetine Hcl, Xanax, Oxycodone Hcl, Lorazepam and Zofran. The patient is medically disabled, per 04/09/15 report. Treatment reports were provided from 01/09/12 - 04/09/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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 04/09/15 report, treater states "...I had previously requested to get a second orthopedic opinion based on her failure to respond to previous conservative measures... [The patient] has developed a chronic pain syndrome. With this chronic pain syndrome, the patient has decreased sitting, standing and walking tolerance..." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested second opinion consultation. Given the patient's continued pain symptoms and diagnosis, this request appears reasonable and may benefit the patient. Therefore, the request IS medically necessary.