

<b>Case Number:</b>	CM15-0129197		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Texas, New York, 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, back, wrist, and shoulder pain reportedly associated with an industrial injury of February 11, 2014. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for a referral to a general orthopedist to address issues with left wrist and right shoulder. The claims administrator referenced an RFA form received on June 15, 2015 in its determination, along with an associated progress note of May 11, 2015. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines in its determination. The applicant's attorney subsequent appealed. On May 11, 2015, the applicant reported ongoing multifocal complaints of thumb, wrist, neck, low back, mid back, and shoulder pain with derivative complaints of insomnia. The applicant had had eight sessions of acupuncture, six sessions of manipulative therapy, and 31 sessions of physical therapy without relief. The applicant was not working since the date on injury, it was acknowledged. The applicant's treating provider, a spine surgeon, stated that he was requesting a general orthopedic consultation to evaluate the applicant's wrist and shoulder issues. Epidural steroid injection, Flexeril, and topical compounded medications were endorsed while the applicant was seemingly kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to a general Orthopedist for consult, left wrist, and right shoulder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for a referral to a general orthopedist for consultation purposes to address the wrist and shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a spine surgeon, seemingly opined that he was uncomfortable addressing the applicant's wrist and shoulder complaints, which he believed were better handled and/or treated by a general orthopedist. Moving forward with the proposed general orthopedic consultation was, thus, indicated. Therefore, the request was medically necessary.