

Case Number:	CM15-0177517		
Date Assigned:	09/18/2015	Date of Injury:	04/02/2015
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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 45 year old male, who sustained an industrial injury on 4-2-2015. The injured worker was diagnosed internal derangement of the right knee, right knee sprain-strain, and left shoulder sprain-strain. The request for authorization is for: spine specialist consultation for the cervical spine. The UR dated 8-28-2015: non-certified the request for spine specialist consultation for the cervical spine. On 6-19-2015, he presorted left shoulder pain with radiation into the neck. No objective findings were noted regarding the neck. The provider documented "the patient also complains of significant neck pain with significant stiffness; even though the patient complains of significant neck pain, I did not evaluate him for this as this is not within my area of expertise". On 7-31-2015, he was seen for a re-evaluation of the left shoulder and right knee one week after left shoulder surgery. Physical examination revealed healing wounds from surgery and staples were removed on this date. The provider noted "there is excellent early range of motion". There are no subjective findings documented. He was placed on modified duty work status. The treatment and diagnostic testing to date has included: left shoulder surgery (7-24-15), blood work (7-17-2015), left shoulder x-rays, and medications, ice, heat, 3 Synvisc injections of the right knee, magnetic resonance imaging of the upper extremity joint (left shoulder), 6-3-2015), and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine specialist consultation for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of significant neck pain that have failed treatment by the primary treating physician. Therefore criteria for a spine specialist consult have been met and the request is medically necessary.