

Case Number:	CM15-0070075		
Date Assigned:	04/17/2015	Date of Injury:	07/01/1999
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 63-year-old male who sustained an industrial injury on July 1, 1999. Prior treatment includes arthroscopy repair of shoulder tear, chiropractic therapy, massage therapy and medications. Currently the injured worker complains of a moderate stiff neck and constant moderate low back pain. Diagnoses include lumbar sprain/strain, myofascitis and radiculitis. The treatment plan includes physiotherapy, home exercise program, over-the-counter medications, topical medications and orthopedic surgeon follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical legal evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Guidelines Chapter 7, Independent medical examinations and consultations Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Guidelines state that a patient may be referred to other specialists if a diagnosis is uncertain or extremely complex or when care may benefit from additional expertise

to aid in diagnosis, prognosis, therapeutic management, medical stability and fitness for return to work. In this case, the patient is 15 years post injury and there is no documentation of why a medical legal evaluation is requested such as the reasons listed above. The request for medical legal evaluation is not medically necessary and appropriate.