

Case Number:	CM13-0003838		
Date Assigned:	03/03/2014	Date of Injury:	01/28/2013
Decision Date:	06/30/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old female who reported an injury on 01/28/2013. The mechanism of injury was a lifting injury. The x-ray of the left shoulder dated 01/30/2013 reported no abnormalities were detected to the left shoulder. Per the clinical note dated 02/13/2013, the injured worker reported pain to the left shoulder that was sharp and stabbing rated 8/10. The injured worker reported that the pain is intermittent and aggravated by reaching out and reaching up. On physical examination, the left shoulder was tender to palpation; the deltoid and the biceps head were also tender to palpation. Impingement sign on the left shoulder was positive. The injured worker was also reported to have decreased range of motion, decreased strength and positive Hawkins and Neer's signs. Range of motion for the left shoulder reported flexion at 70 degrees, extension at 20 degrees and abduction at 60 degrees. The diagnosis for the injured worker was a rotator cuff sprain/strain, left. The MRI of the left shoulder dated 02/26/2013 reported a tear at the supraspinatus tendon at the posterior fibers near the conjoined tendon of the supraspinatus and infraspinatus with a mildly retracted tendon. There was also some calcific tendonitis and moderate muscular atrophy. The infraspinatus tendon demonstrated a tear involving the myotendinous junction and distal fibers to the insertion site with mild muscular atrophy; however, there was no tendon retraction. There was generalized atrophy to all of the rotator cuff muscles. The glenoid labrum appears intact. There was fluid at the subacromial and subdeltoid bursae as well as the subcoracoid recess. The Request for Authorization of retrospective confirmation consultation and special report/consult for 05/17/2013 was not provided in the documentation. The provider's rationale for the request was not provided in the documentation. Prior treatments were not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ONE CONFIRMATORY CONSULTATION DOS: 5/17/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule (1999), page 39

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

Decision rationale: Per Official Disability guidelines office visits are recommended as determined to be medically necessary. 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The documentation stated that the injured worker was continuing to work, and there was a lack of documentation regarding increased or new symptoms. Within the request and the provided documentation the specific nature of the consultation was not indicated. The provider's rationale for the request was not provided within the documentation. Therefore, the retrospective request for 1 confirmatory consultation with a date of service of 05/17/2013 is not medically necessary and appropriate.

RETROSPECTIVE 1 SPECIAL REPORT/CONSULT FOR 5/17/13.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule (1999), page 50.

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

Decision rationale: Per Official Disability guidelines office visits are recommended as determined to be medically necessary. 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The documentation stated that the injured worker was continuing to work, and there was a lack of documentation regarding any increased or new symptoms. Within the request it was not indicated what specific report was being requested. The provider's rationale for the request was not provided within the documentation. Therefore, the retrospective request for 1 special report/consult for 05/17/2013 is not medically necessary and appropriate.