

Case Number:	CM13-0012970		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2010
Decision Date:	02/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas and West Virginia. 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 physician 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 patient is a 63-year-old female who reported an injury on 04/20/2010. The patient is currently diagnosed with bilateral carpal tunnel syndrome, history of bilateral shoulder strain, bilateral knee pain, myalgia and myositis, neck pain, chronic pain syndrome, and lumbar spinal pain. The patient was seen by [REDACTED] on 07/02/2013. The patient reported pain located in multiple areas including the head, neck, bilateral shoulders, bilateral wrists, hands, lumbar spine, and bilateral knees. Physical examination revealed tenderness to palpation of the bilateral shoulders, limited range of motion, decreased strength, positive impingement testing bilaterally, and intact sensation. Treatment recommendations included a referral to a shoulder orthopedic surgeon and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Environmental Medicine (ACOEM), 2nd Edition, (2004) Cornerstones of Disability Prevention and Management. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92; and the Official Disability Guidelines (ODG) Chronic Pain Chapte

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, the patient's latest MRI of the right shoulder was obtained on 05/06/2011. It is unclear why the patient's requires a surgical consultation based on findings from an MRI greater than 2 years ago. There is no indication of an initial trial of conservative treatment with documentation of a failure to respond. Based on the clinical information received, the medical necessity has not been established. As such, the request is non-certified.