

Case Number:	CM13-0025296		
Date Assigned:	09/12/2014	Date of Injury:	10/01/2012
Decision Date:	11/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

There were 58 pages provided for this review. There was a September 9, 2013 utilization review. The date of birth was [REDACTED]. The date of injury was October 1, 2012. Per the records provided, the claimant complained of pain and discomfort to the right shoulder. There was a request for consultation for possible surgical intervention. The mechanism of injury was not provided. Medicines included Vicodin and Flexeril but the dosage and frequency information was not provided. Surgical history was also not provided. Diagnostic studies included an MRI from March 1, 2013, but the results were illegible. Other therapies were not provided in the medical records. The patient is described as a 54-year-old female injured in 2012. The progress reports were not legible. There was a right shoulder pain that awakens her at night and there is increased pain with lifting, pushing and pulling. There was a positive impingement test and crossed arm flexion test at four out of five strength in all planes. There was an MRI from March 1, 2013 but it was illegible. The report recommended the patient continue with home exercise. The previous reviewer noted that surgical consultation should be recommended when the patient has undergone conservative measures. It is unclear what else has been done for this patient. There is mention of an issue with acid reflux. The diagnoses are abdominal pain, acid reflux aggravated by the work injury, psychiatric diagnosis and orthopedic diagnoses. The medicines were Prilosec, Gaviscon and probiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Online Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. There is no clear surgical lesion, and there is no firm documentation that conservative care has been exhausted. The request is not medically necessary.