

Case Number:	CM14-0005338		
Date Assigned:	01/24/2014	Date of Injury:	03/30/2012
Decision Date:	06/09/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 37-year-old female with a 3/30/12 date of injury. At the time (12/10/13) of the request for authorization for consult with orthopedic for right shoulder and consult with pain management for chronic pain, there is documentation of subjective (notes she is 5 weeks pregnant) and objective (light touch sensation intact) findings, current diagnoses (right shoulder internal derangement, right arm strain, and other problems unrelated to current evaluation), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH ORTHOPEDIC FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: ACOEM Guidelines indicate that consultation is indicated 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, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of right shoulder internal derangement, right arm strain, and other problems unrelated to current evaluation. However, there is no documentation that the requested consult with for the patient's right shoulder is needed 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. Therefore, the request is not medically necessary and appropriate.

CONSULT WITH PAIN MANAGEMENT FOR CHRONIC PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE ,) INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: ACOEM Guidelines indicate that a consultation is indicated 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, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of right shoulder internal derangement, right arm strain, and other problems unrelated to current evaluation. However, there is no documentation that the requested pain management consultation for chronic pain is needed 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. Therefore, the request is not medically necessary.