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| Case Number: | CM14-0108642 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 08/09/2012 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in 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:

Medical records reflect the claimant is a 52 year old claimant who sustained a work related injury on 8-9-12. The claimant has been treated with a sling, work restrictions, injection to the right shoulder and physical therapy. The claimant underwent right shoulder arthroscopic surgery with distal claviclectomy as well as Mumford procedure, subacromial depression and rotator cuff repair on 3-3-14. Post op the claimant has had physical therapy. Documentation reflects that this claimant has pain that is out of proportion. There is a concern that this claimant may have CRPS.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Unspecified) Treatment with A Pain Management Specialist, Right Shoulder, 6/13/14:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder (updated 4/25/2014) Office Visits.

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 - Independent medical examinations and consultations.

Decision rationale: ACOEM Guidelines reflect that a consultation is reasonable 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. There is a request for (Unspecified) Treatment with A Pain Management Specialist, Right Shoulder. Nonspecific request for treatment is not supported per current treatment guidelines. Therefore, this request is not medically necessary.