

Case Number:	CM14-0109663		
Date Assigned:	08/01/2014	Date of Injury:	09/08/2005
Decision Date:	09/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old male was reportedly injured on September 8, 2005. The mechanism of injury was noted as lifting and installing ductwork. The most recent progress note, dated July 2, 2014, indicated that there were ongoing complaints of right shoulder pain. Current medications include Norco and Ambien. The physical examination demonstrated full passive range of motion of the right shoulder and slightly reduced active range of motion. There was mild weakness with external rotation and abduction. Mild tenderness was noted at the anterior aspect of the right shoulder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right shoulder arthroscopy x2. A request had been made for a prolonged evaluation and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolonged Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the recent progress note, dated July 2, 2014, the injured employee had full passive range of motion and near full active range of motion on physical examination of the right shoulder. Additionally, there was mild weakness and mild tenderness noted. No positive special test findings were annotated. Considering these findings, it is unclear why a prolonged evaluation regarding the injured employees right shoulder pain was needed. This request for a prolonged evaluation is not medically necessary.