

<b>Case Number:</b>	CM14-0015903		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	06/10/2001
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon 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:

The injured worker is a 55-year-old female who reported an injury on 06/10/2001 due to an unknown mechanism of injury. The injured worker complained of bilateral shoulder pain and numbness over the hand. On 04/25/2014, the physical examination revealed tenderness to palpation on both arms. There were no diagnostic studies submitted for review. The injured worker had a diagnosis of non-allopathic lesion of upper extremities. The past treatment methods were not included for review. The injured worker was on the following medications: Lasix 40 mg, Norco 5/325 mg, omeprazole 20 mg, Advair HFA 115/21, Flonase 50 mcg/1 actuation nasal spray, Ventolin HFA 90 mcg/1 actuation, and Provera 10 mg. The current treatment plan is for a consult to orthopedist [REDACTED]. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult To Orthopedist [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator 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), 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Office Visit.

**Decision rationale:** The injured worker has a history of somatic dysfunction of the upper extremities. The Official Disability Guidelines, Shoulder (ODG) guidelines state that consults are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Based on the guidelines the request is medically supported. Given the above, the request for a consult to orthopedist [REDACTED] is medically necessary and appropriate.