

Case Number:	CM14-0119042		
Date Assigned:	09/24/2014	Date of Injury:	01/26/2011
Decision Date:	11/18/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/29/2014

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 Emergency 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:

The injured worker is a 64-year-old male, who sustained an injury on January 26, 2011. The mechanism of injury occurred when he grabbed a fire hose and pulled it 150 feet to a hydrant. Diagnostics have included September 2, 2011 right shoulder MR Arthrogram reported as showing rotator cuff tendonitis, probable SLAP tear; June 2, 2011 EMG reported as showing mild right carpal tunnel syndrome and mild right ulnar neuropathy. Treatments have included 2011 Right Shoulder Arthroscopy, physical therapy, medications. The current diagnoses are right shoulder internal derangement, myofascial spasm, bilateral patellar tendonitis, right wrist pain - rule out TFCC tear, right ankle pain. The stated purpose of the request for Re Examination Consultation was not noted. The request for Re Examination Consultation was denied on July 2, 2014, citing a lack of documentation of medical necessity. Per a December 16, 2011 AME report, the provider noted future medical treatment to include physical therapy, injection, diagnostics, and possible surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re Examination Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207.

Decision rationale: The requested Re Examination Consultation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Follow-Up, Page 207 recommend follow-up visits with documented medical necessity; and California Medical Treatment Utilization Schedule (MTUS), 2009, chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The treating physician has not documented current symptoms, physical exam findings or the medical necessity for a re-examination consultation. The criteria noted above not having been met, Re Examination Consultation is not medically necessary.