

Case Number:	CM14-0130115		
Date Assigned:	08/20/2014	Date of Injury:	09/12/2012
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on September 12, 2012. The mechanism of injury was noted as hyperextension of the right fingers. Apparently, while the patient was in a portable restroom, a passing tractor "dumped" the portable restroom twice, causing the patient to hit the wall of the structure. The most recent progress note, dated June 13, 2014, indicated that there were ongoing complaints of right shoulder pain and right hand pain. The physical examination of the right shoulder showed no swelling, erythema or ecchymosis. There was tenderness to palpation of the AC joint. Range of motion was restricted, with a positive impingement sign. Examination of the right wrist showed a well healed surgical scar, with some swelling and edema to the dorsal surface of the hand/wrist. The clinician noted weakness, especially with flexion of the right index finger. Grip strength was 2/5. Diagnostic imaging studies included x-rays of the right shoulder, which were not included for review, and they were commented on previous progress notes and reported no fractures or dislocation but did note a large calcific deposit in the supraspinatus tendon. The patient has been diagnosed with right shoulder calcific tendinitis. Previous treatment included medication, home exercises, ice, physical therapy, and a subacromial injection. A request had been made for PM&R/Interventional Pain Management MD for the right shoulder and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treat PM&R/ Interventional pain management MD.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

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) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records documents ongoing right shoulder with radicular symptoms at the last office visit but fails to give a clinical reason to transfer care to a physical medicine & rehabilitation specialist. Furthermore, improvement was noted in the patient's range of motion after completing conservative measures. As such, this request is not considered medically necessary and recommended for non-certification.