

Case Number:	CM14-0151768		
Date Assigned:	09/19/2014	Date of Injury:	06/13/2013
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 33 year old female who has a work injury dated 6/13/13. The diagnoses include shoulder pain, right; tendonitis of wrist, right; calcific tendonitis of right forearm. There is a 8/22/14 document that states that she underwent a CT arthrogram of her right shoulder on 08/18/14. This demonstrated morphology that could contribute to the clinical syndrome of impingement including type III anteriorly hooked acromial undersurface and effacement of the supraspinatus by the distal clavicle. There was no evidence of rotator cuff tear and normal biceps labral complex. The patient continues to have right shoulder pain with reduced range of motion. She has paresthesias of her upper extremities. She rates her pain as 7-8/10 in intensity without pain medications and 4-5/1 in intensity with pain medications. She has difficulty sleeping at night. She cannot sleep on her right side. She states she was previously on Flector patches and did find these helpful. She feels tramadol and baclofen somewhat help her pain. However, she felt the Flector patches were more helpful due to the fact that they did not cause side effects such as sedation. The patient would like to discuss her treatment options at this point. On exam of her shoulder she has limited range of motion. The treatment plan includes a referral of the patient to [REDACTED] for further discussion regarding possible injections. Her primary doctor gave her a cortisone injection in the right shoulder (undated), which actually flared her pain symptoms and she refused a second injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral consultation with [REDACTED], right shoulder quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Pain (chronic), Office visits

Decision rationale: Referral consultation with [REDACTED], right shoulder quantity 1.00 is medically necessary per the MTUS and ODG guidelines. The ODG recommends office visits as medically necessary and states that 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. Per the ACOEM MTUS guidelines referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Per documentation the findings on recent shoulder arthrogram have demonstrated morphology that could contribute to the clinical syndrome of impingement. The patient has persistent shoulder pain. Although the patient has had prior injections, the documentation indicates this was from her primary care physician rather than a specialist. Given her persistent pain and recent arthrogram findings, a referral consultation for the right shoulder is medically necessary.