

Case Number:	CM14-0153918		
Date Assigned:	09/23/2014	Date of Injury:	09/04/2001
Decision Date:	10/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopaedic Surgery 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:

This 52-year-old female sustained an industrial injury on 9/4/01. The mechanism of injury was not documented. Past medical history was positive for fibromyalgia, opioid and benzodiazepine dependency, significant episodes of failure to thrive, and complex history of cognitive disorder. Records indicated that she was diagnosed with severe internal derangement of the right shoulder. The 8/20/14 internal medicine report indicated the right shoulder was very painful with disrupted movement. There were no physical exam findings documented relative to the right shoulder. The diagnosis was chronic pain state relative to right shoulder/upper extremity and neck, fibromyalgia with chronic fatigue, chronic headaches, gastroesophageal reflux disease/dyspepsia/irritable bowel syndrome, asthma, rhinosinusitis, osteopenia, paroxysmal atria tachycardia, dysphagia representing a conversion reaction, scalp lesion probably due to neurodermatitis, pseudoseizures, and Morgellon's disease (parasitosis). The treatment plan recommended a consult with an orthopedic specialist regarding right shoulder pain and dysfunction. The 9/17/14 utilization review denied the request for orthopedic surgical referral as there was no documentation relative to attempted conservative treatment or abnormal right shoulder or upper extremity exam findings to support the medical necessity of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for consult with Orthopedic specialist, [REDACTED] as related to right shoulder, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The California Medical Treatment utilization Schedule (MTUS) guidelines support referral to a specialist 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. Guideline criteria have been met. Given that the primary treating physician is an internist, referral to an orthopedic surgeon for assessment of right shoulder pain and dysfunction seems reasonable to aid in directing the course of care. Significant psychosocial factors are present. Therefore, this request is medically necessary.