

<b>Case Number:</b>	CM14-0154239		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker. The date of injury is 12/7/11. The patient sustained an injury to the right shoulder. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the right shoulder worse with movement. A request for pain management consultation and for labs (CBC, hepatic panel, chem) was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with a pain management doctor for bilateral shoulders:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, Consultations

**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) Chapter 7, Consultation Requests

**Decision rationale:** According to the American College of occupational and environmental medicine guidelines chapter 7 regarding consultation requests, a one time initial consultation to a specialist is appropriate if further specialized treatment may benefit the patient. Therefore at this time requirements for treatment have been met and medical necessity has been established.

**Lab work to include CBC, Hepatic Panel, and Chem:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACC/AHA (American College of Cardiology/American Heart Association) 2007 Cardiovascular Guidelines

**Decision rationale:** According to the ACC/AHA 2007 Cardiovascular Guidelines, a baseline CBC, hepatic panel and chem are appropriate. Therefore at this time the requirements for treatment have been met and medical necessity has been established.