

<b>Case Number:</b>	CM14-0155086		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/25/2014
<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 Preventive 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:

According to the records made available for review, this is a 46-year-old female with a 6/27/11 date of injury. At the time (8/5/14) of the request for authorization for Internal Medicine Evaluation, there is documentation of subjective (constant neck pain, constant right shoulder pain, and headaches with nosebleeds) and objective (mild supraspinatus tenderness, forward flexion 90/180 degrees, abduction at 60/180 degrees, adduction at 80/50 degrees, internal rotation at 45/90 degrees, and external rotation at 45/90 degrees) findings, current diagnoses (cervical spine musculoligamentous sprain/strain and status post right shoulder arthroscopy and rotator cuff repair), and treatment to date (medication and physical therapy). There is no documentation of a statement identifying how the requested Internal Medicine Evaluation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Office visits

**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:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical spine musculoligamentous sprain/strain and status post right shoulder arthroscopy and rotator cuff repair. However, there is no documentation of a statement identifying how the requested Internal Medicine Evaluation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Internal Medicine Evaluation is not medically necessary.