

Case Number:	CM14-0156362		
Date Assigned:	09/25/2014	Date of Injury:	08/15/2012
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 Orthopedic 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 is a 41-year-old male with a 8/15/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/15/14 noted subjective complaints of right shoulder pain. Objective findings included right shoulder tenderness and decreased range of motion (ROM). Diagnostic Impression: right shoulder impingement syndrome Treatment to Date: medication management, home exercise, TENS A UR decision dated 8/27/14 denied the request for authorization to review medical records and be compensated for a narrative report. This is explicitly not a service related to the cure and relief of the effects of industrial injury or illness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Authorization to review medical records and be compensated for a narrative report:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 196.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not specifically address this issue. California labor code 9785 states that the primary treating physician shall be responsible for obtaining all of the reports of secondary physicians and shall, unless good cause is shown, within 20 days of receipt of each report incorporate, or comment upon, the findings and opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator. However, the provider is requesting compensation for the normal customary duties of a primary treating physician. Labor code guidelines do not support this request for compensation for the usual duties of the primary physician. Therefore, the request for authorization to review medical records and be compensated for a narrative report was not medically necessary.