

Case Number:	CM14-0044204		
Date Assigned:	08/29/2014	Date of Injury:	10/20/1997
Decision Date:	12/11/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Inerventional Spine 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:

The patient is a 60 year old male with an injury date of 10/20/97. Based on the 04/22/14 progress report provided by [REDACTED] the patient is status post revision left total elbow transfer the latissimus dorsi muscle for triceps and tissue coverage in July 2013. Physical examination revealed a well-healed scar. Patient has evidence of bilateral chronic tears by weakness shown on shoulder exam. [REDACTED] is a shoulder and elbow surgeon. Per progress report dated 03/31/14 by [REDACTED], the patient has been hospitalized 3 times in the last 2 weeks due to pneumonia. He also complains of knee and upper ribcage pain. His medications include Percocet, Xanax, Vicodin and Gabapentin. Diagnosis 03/31/14- cervical sprain- midback sprain-impingement syndrome of the right shoulder, status post decompression, labral repair, rotator cuff repair, and biceps tendon release- epicondylitis on the right, stable- carpal tunnel syndrome on the right- impingement syndrome of shoulder on the left, status post decompression and arthroscopy- elbow joint injury resulting in multiple procedures- distal forearm fasciotomy, tenolysis along the flexors and carpal tunnel release on the left- depression, sleep disorder, weight gain, diabetes, headaches, susceptibility to pneumonia, memory issues, interstitial fibrosis along the lungs related to antibiotic usage, gastritis, blood pressure changes, and ringing in the ears- right hand triggering finger, injected on 01/28/14- multiple hospitalizations for pneumonia, related to pulmonary [REDACTED] is requesting General Practitioner Consultation and Treatment. The utilization review determination being challenged is dated 04/01/14. [REDACTED] is the requesting provider and he provided treatment reports from 10/03/13 - 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Practitioner Consultation & Treatment: Overturned

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

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 examination and consultations. Ch:7 page 127

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists 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." [REDACTED], the requesting provider is a shoulder and elbow surgeon. [REDACTED] is an orthopedist. It would appear that the current treating physician feels uncomfortable with the medical issues and has requested for transfer to a general practitioner so the patient's course of care can be better managed. Recommendation is medically necessary.