

Case Number:	CM14-0049955		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2011
Decision Date:	08/01/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 injured worker is a 56-year-old female with a reported date of injury of 10/25/2011. The injury reportedly occurred when the injured worker became emotional and had an anxiety attack and fell to the floor kicking and screaming, injuring her right shoulder. The injured worker presented with postoperative right rotator cuff repair and extensive debridement on 05/08/2013. The clinical note dated 06/27/2013 indicated the injured worker complained of nausea and constipation. The injured worker was provided Zofran for nausea and omeprazole for gastrointestinal upset. The injured worker's diagnoses included right shoulder rotator cuff tear and adhesive capsulitis. The injured worker's medication regimen included naproxen, Flexeril, Phenergan, omeprazole, Zofran, and cyclobenzaprine. The request for authorization for outpatient consultation with an internist was submitted on 04/10/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Consultation with Internist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. The evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided for review indicated that the injured worker complained of nausea and constipation dated 06/27/2013. At that time, the injured worker was provided with Zofran for nausea and omeprazole for gastrointestinal upset. There is a lack of documentation related to the therapeutic benefit related to the medications or the increase or decrease of gastrointestinal symptoms. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Therefore, the request for outpatient consultation with an internist is not medically necessary.