

Case Number:	CM14-0051166		
Date Assigned:	07/07/2014	Date of Injury:	02/09/2013
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 53-year-old male who reported an injury on 02/09/2013. The mechanism of injury was not provided. On 06/18/2014, the injured worker presented with no fever or chills and has been taking Bactrim DS. Upon examination the abdomen was well healed with a large ventricle surgical scar, inferior opening upon the umbilicus with no visible drainage or discharge. The injured worker is status post abdominal ventral hernia repair with a MRSA post-op infection. The diagnoses were abscess/cellulitis of the abdominal wall, large. Prior therapy included surgery and medications. The provider recommended an orthopedic evaluation of the right shoulder. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004 Page 127.

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), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for Orthopedic evaluation for the right shoulder is non-certified. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There was no clear rationale to support the orthopedic evaluation for the right shoulder. A complete and adequate examination of the injured worker was not provided detailing current deficits of the right shoulder to warrant an orthopedic evaluation. As such, the request is non-certified.