MAXIMUS Federal Services

Case Number:	CM14-0063887		
Date Assigned:	07/11/2014	Date of Injury:	03/09/2013
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/06/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 52-year-old male who reported that on 03/09/2013, he felt a pulling pain in his right shoulder while attempting to unhook a trailer from his truck. In March of 2013, x-rays of the right shoulder and an MRI of the right shoulder were performed, the results of which were not included in the documentation. On 06/24/2013, he underwent an unknown right shoulder surgical repair. Four weeks postoperatively, he reported that the pain returned without provocation. In addition, he developed pain in the neck, left shoulder, left elbow, left wrist, and upper and lower back. His diagnoses included right shoulder impingement syndrome, right rotator cuff syndrome, status post right shoulder rotator cuff repair with residuals, postoperative pain, vitamin D deficiency, intractable pain, hypertension, and type II diabetes. Medications included metformin 500 mg, Ramipril 20 mg, vitamin D of an unknown dosage, and acetaminophen 325 mg. There was no Request for Authorization or rationale included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 request for an Internal Medicine Consultation is not medically necessary. The Official Disability Guidelines recommend office visits if they are determined to be medically necessary. Evaluation and management 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 on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. It is also based on what medications the patient is taking, since some medicines such as opiates or certain antibiotics require close monitoring. The injured worker is taking medications for his diabetes, hypertension, and vitamin D deficiency. There is no indication that these medications are not achieving their desired therapeutic effect. There is no documentation submitted of any exacerbation of his symptoms. Therefore, this request for Internal Medicine Consultation is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids, Criteria for Use, On-Going Management Page(s): 78.

Decision rationale: The request for a urine toxicology screening is not medically necessary. California MTUS recommends the use of drug screening with issues of abuse, addiction or poor pain control. This citation refers to the use of opioids for analgesia. The only analgesic noted in this worker's documentation was acetaminophen. Therefore, this request for a urine toxicology screening is not medically necessary.