

<b>Case Number:</b>	CM14-0065416		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/02/1999
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Occupational Medicine 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 67-year-old female with an injury date of 8/2/99. She was injured secondary to cumulative trauma when she was not properly treated after numerous falls and injuries sustained from daily work duties. On 8/27/13, the patient reports severe itching throughout her body and burning in her legs. Objective exam: she is awake and alert. She is able to transfer from sit to stand and ambulates with a non-antalgic gait. She has 50% range of motion of the upper extremities due to pain and 4/5 strength. The left shoulder is positive for crepitus and popping. The left knee has limited ROM and strength is 4/5. She is non-tender to palpation in the shoulders and knee. A left shoulder X-ray on 12/13/11 shows moderate-to-severe osteoarthritis of the AC joint and a laterally down sloping orientation of the acromion, which may increase the anatomic risk for subacromial impingement. Treatments to date are medication management, and activity modification. A UR decision dated 4/8/14 denied the request for a referral to [REDACTED] for right knee and right shoulder. The rationale for the denial was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to [REDACTED] for right knee and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM - Chapter 7.

**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) Chapter 6-Independent Medical Examinations and Consultations, pg 127, 156 ;Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that "consultations are recommended, and a 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." However, there are no recent progress notes provided for review. The most recent progress note provided for review was from 2013. It is unclear why this referral is being requested. Further information would be necessary to substantiate this request. Therefore, the request for referral to [REDACTED] for right knee and right shoulder is not medically necessary.