

Case Number:	CM14-0081175		
Date Assigned:	08/06/2014	Date of Injury:	06/20/2011
Decision Date:	12/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation and is licensed to practice in New York. 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 female who reported an injury on 06/20/2011. The mechanism of injury occurred when the injured worker was pushed into a wall while breaking up a work related fight between clients. Her diagnoses included left frozen shoulder and status post left open shoulder surgery. Her past treatments included surgery, medications, and physical therapy. Diagnostic studies included x-rays of the left shoulder on 06/20/2011, a CT scan of the left shoulder on 08/01/2011, MRIs of the left shoulder on 05/02/2012 and 08/29/2013, and an MR arthrogram on 01/13/2014. Her surgical history included left shoulder surgery in 06/2012 and on 01/21/2014. The clinical progress note dated 06/03/2014 noted the injured worker complained of constant pinching pain in the left arm, decreased range of motion, and the left arm freezing in a position for a length of time. The physical examination revealed tenderness to the left shoulder with mild weakness. Range of motion was noted as abduction to 90 degrees, flexion to 140 degrees, and external and internal rotation both to 60 degrees. Her past medications included Motrin, Xanax, and cyclobenzaprine. The treatment plan included continued medications as needed and a recommendation for counter aggressive physical therapy. The request was for review and supplemental report of Agreed Medical Examination report dated 02/26/2014; however, a rationale for the request was not included. The Request for Authorization form dated 05/12/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Review and supplemental report of AME report dated 2/26/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

Decision rationale: The request for Review and supplemental report of AME report dated 2/26/2014 is not medically necessary. The California MTUS Guidelines indicate, in regard to history and physical examination, thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. The request was for a review of previous medical records including the Agreed Medical Examination dated 02/26/2014. Because the review of medical records is considered a part of a patient evaluation, it is not required as a separate procedure. The documentation submitted failed to provide evidence a clear rationale and supporting documentation for the request. As such, the request for Review and supplemental report of AME report dated 2/26/2014 is not medically necessary.