

Case Number:	CM14-0089242		
Date Assigned:	09/10/2014	Date of Injury:	10/07/2008
Decision Date:	10/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left shoulder pain reportedly associated with an industrial injury of October 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier shoulder arthroscopy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for a referral to an ophthalmologist, citing lack of supporting information. A pain management referral was likewise modified to one-time pain management consultation. The claims administrator invoked a variety of non-MTUS guidelines in its denial and/or partial certifications, including non-MTUS ODG guidelines and non-MTUS Chapter 7 ACOEM Guidelines, despite the fact that the MTUS addressed the issues. The claims administrator did report that the applicant had persistent complaints of shoulder pain. The applicant reported difficulty with vision and also alleged progressively worsening eyesight. The applicant's attorney subsequently appealed. However, the applicant's attorney did not enclose any clinical progress notes along with the IMR application, including the April 15, 2014 request for authorization form and an associated April 7, 2014 progress note on which the request in question were initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and Treatment by a Ophthalmologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Eye

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 426.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 16, page 426, referral "may be indicated" to clarify the diagnosis and assist recovery in applicants with limitations after three to five days and unexplained findings. In this case, the applicant apparently has unexplained issues with progressively worsening eyesight and/or deteriorating vision, the claims administrator acknowledged in its Utilization Review Report. Obtaining an ophthalmology referral/evaluation to determine the source and extent of the same is indicated. Therefore, the request is medically necessary.

Evaluation and Treatment by a Pain Management Specialist for Left Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has chronic shoulder pain which has apparently proven recalcitrant to time, medications, physical therapy, surgery, topical medications, etc. Obtaining the added expertise of a physician specializing in chronic pain is therefore indicated. Therefore, the request is medically necessary.