

Case Number:	CM13-0003682		
Date Assigned:	06/11/2014	Date of Injury:	05/01/2008
Decision Date:	03/24/2015	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who reported injury on 05/01/2008. The mechanism of injury was not provided. The injured worker underwent an ultrasound of the bilateral shoulders. The examination was performed on 04/24/2013 and the report was dated 04/26/2013. Findings revealed left rotator cuff tendinosis (supraspinatus, left AC joint hypertrophy/narrowing of the subacromial space, left long head biceps tenosynovitis bicipital groove, left normal glenoid labrum and right shoulder comparison) mild rotator cuff tendinosis/balance of the examination normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 confirmatory consultation (DOS: 4/26/13): 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 Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to indicate the conservative care that was provided and a failure of conservative care. There was a lack of documentation prior to the examination on 04/24/2013, with the official report on 04/26/2013. The request as submitted failed to indicate the specific confirmatory consultation that was being requested. Given the above, the retrospective request for 1 confirmatory consultation (DOS: 4/26/13) is not medically necessary.