MAXIMUS Federal Services

Case Number:	CM14-0188293		
Date Assigned:	11/19/2014	Date of Injury:	05/19/2012
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 patient is a 41 year old male carpenter with a date of injury of 05/19/2012. He was standing on scaffolding that collapsed and fell 20-25 feet to the ground. He injured his back, shoulders, knees, and wrist. He had right fractured ribs and needed a chest tube. He had fractures of the right clavicle and right radius fracture. Head laceration was sutured. The patient had at least 100 visits of physical therapy, 24 visits of acupuncture and 24 visits chiropractic care. He had a right hand open reduction internal fixation. The patient had right shoulder arthroscopic rotator cuff repair, acromioplasty and labrum repair. The patient had left knee arthroscopic debridement and partial meniscectomy. On 08/14/2014 the patient had bilateral shoulder impingement and muscle spasm/tenderness despite medication. It was noted, "I'm not sure if a rheumatologic evaluation is required. This patient does not have fibromyalgia." Further shoulder surgery was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatology consultation: 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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

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 7, page 127

Decision rationale: ACOEM Chapter 7, page 127 notes that providers may refer patients to other specialists for consultation if the diagnosis is uncertain or the case is very complex. This is not a complex case; the patient had a fall of 20-25 feet to the ground and sustained numerous fractures. There is no objective documentation that he has a rheumatologic condition. He may have areas of tenderness from multiple fractures and trauma but there is no documentation of a primary systemic rheumatologic condition. A rheumatology consultation is not medically necessary.