

<b>Case Number:</b>	CM14-0205653		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Orthopedic Surgery 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:

According to the records made available for review, this is a 58-year-old female with a 12/14/07 date of injury. At the time (9/22/14) of request for authorization for Rheumatology Consult to r/o fibromyalgia, there is documentation of subjective (right shoulder pain with numbness, ongoing low back pain radiating to the left lower extremity, bilateral knee pain, neck pain radiating to the shoulders, arms, elbows and wrists, and bilateral elbow pain) and objective (tenderness over the bilateral cervical paraspinals, bilateral sternocleidomastoid, bilateral trapezius and bilateral scalenes, decreased cervical range of motion, positive foraminal compression bilaterally, tenderness over the deltoids, decreased right shoulder range of motion, tenderness and spasm over the lumbar paraspinal muscles and at L4 and L5, and decreased lumbar range of motion) findings, current diagnoses (cervical disc syndrome, left shoulder rotator cuff syndrome, right shoulder bursitis/tendinitis/DJD, bilateral carpal tunnel syndrome, lumbar disc disease, and rule out fibromyalgia), and treatment to date (physical therapy, medication, acupuncture, and cortisone injections to the right shoulder). Medical report identifies requests for right shoulder arthroscopy, MRI of the shoulders, lumbar MRI, and rheumatology consult to rule out fibromyalgia. There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rheumatology Consult to r/o fibromyalgia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, 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 Independent Medical Examinations and consultations, page(s) 127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical disc syndrome, left shoulder rotator cuff syndrome, right shoulder bursitis/tendinitis/DJD, bilateral carpal tunnel syndrome, lumbar disc disease, and rule out fibromyalgia. However, despite documentation of a request for Rheumatology consult to rule out fibromyalgia, and given documentation of additional therapeutic (right shoulder arthroscopy) and diagnostic (lumbar and shoulder MRI) requests, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Rheumatology Consult to r/o fibromyalgia is not medically necessary.