

Case Number:	CM15-0101017		
Date Assigned:	06/03/2015	Date of Injury:	03/12/2011
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of March 12, 2011. In a utilization review report dated April 29, 2015, the claims administrator failed to approve a request for a consultation and treatment (a.k.a. referral) with a particular provider as a consultation alone. The claims administrator referenced an April 20, 2015 RFA form and associated April 22, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an RFA form dated April 16, 2015, consultation and treatment (a.k.a. referral) to a particular provider was sought to address the applicant's shoulder issues. In an associated progress note dated April 16, 2015, the applicant reported ongoing complaints of shoulder pain after having undergone failed shoulder surgery on August 26, 2013. Flexion and abduction were limited to 150 to 170 degrees secondary to pain. The attending provider suggested that the applicant obtain a referral to another provider to consider corticosteroid injection therapy. Permanent work restrictions and Lodine were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and Treatment with MD: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 209 and 210.

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

Decision rationale: Yes, the request for a consultation and treatment (a.k.a. referral) to a physician was medically necessary, medically appropriate, and indicated here. The requesting provider indicated in the April 16, 2015 progress note that the request represented a request for a referral to another provider to consider corticosteroid injection therapy. 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. Here, the applicant had persistent complaints of shoulder pain status post earlier failed shoulder surgery. Obtaining the added expertise of a provider in another specialty to determine the suitability of other treatment options such as corticosteroid injection therapy was, thus, indicated. Therefore, the request was medically necessary.