

Case Number:	CM15-0102279		
Date Assigned:	06/04/2015	Date of Injury:	02/13/2001
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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, California
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 2/13/2001. The current diagnoses are acromioclavicular osteoarthritis and rotator cuff tear. According to the progress report dated 3/10/2015, the injured worker complains of right shoulder pain. The level of pain is not rated. The physical examination of the right shoulder reveals tenderness to palpation over the acromioclavicular joint and Limited range of motion, 4/5 strength and normal sensation. Treatment to date has included medication management. The plan of care includes transfer of care to pain management, right shoulder. The patient's surgical history includes cervical fusion in 2002. The patient has had MRI of the cervical spine in 2004 that revealed disc bulge with foraminal narrowing, degenerative changes and post-surgical changes. The medication list includes Norflex, Omeprazole, Flexeril and Norco. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management, right shoulder Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), 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, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The current diagnoses are acromioclavicular osteoarthritis and rotator cuff tear. According to the progress report dated 3/10/2015, the injured worker complains of right shoulder pain. The physical examination of the right shoulder reveals tenderness to palpation over the acromioclavicular joint and Limited range of motion, 4/5 strength and normal sensation. The patient's surgical history includes cervical fusion in 2002. The patient has had MRI of the cervical spine in 2004 that revealed disc bulge with foraminal narrowing, degenerative changes and post-surgical changes. The medication list includes Norflex, Omeprazole, Flexeril and Norco. The pt is taking controlled substances like Norco. A Transfer of care to pain management, right shoulder Qty 1 is deemed medically appropriate and necessary.