MAXIMUS Federal Services

Case Number:	CM15-0191723		
Date Assigned:	10/05/2015	Date of Injury:	01/23/2015
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, North Carolina
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:

This is a 48 year old male with a date of injury on 1-23-15. A review of the medical records indicates that the injury worker is undergoing treatment for right elbow, shoulder and neck pain. Hand written progress report dated 8-19-15 reports right arm and hand weakness. He has pain in back and shoulder with treatment. He went for ortho consult and injections were discussed. Objective findings: right shoulder flexion 150 and abduction 145, rotator cuff tender. Treatments include: medication, physical therapy and acupuncture. Request for authorization was made for referral to MD for medications. Utilization review dated 8-28-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to MD for medications, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: CA MTUS/ACOEM Chapter 7, pg 127, states that referral may be made for consultation to aid in diagnosis, prognosis or therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. This patient has been approved to use both a pain management physician and an orthopedic surgeon for the condition. The request for 'referral to MD for medication" appears to concern a refill for Naproxen. The rationale for this referral is not stated and is not medically necessary or appropriate. Either the established pain management physician or the orthopedic surgeon can refill the Naproxen without involving a third physician.