

<b>Case Number:</b>	CM15-0199061		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54 year old male who sustained an industrial injury on 7-9-11. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for status post right shoulder repair. Provider documentation dated 7-28-15 noted the work status as temporary totally disabled. Treatment has included status post right shoulder arthroscopy, physical therapy, home exercise program, Psychological testing, acupuncture treatment, right shoulder magnetic resonance imaging, and Gastroenterology consultation (8-6-15). Objective findings dated 7-28-15 were notable for right shoulder with tenderness over anterior aspect, limited range of motion and "impingement test is equivocal." The original utilization review (9-14-15) denied a request for Consultation with a urologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a urologist:** 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, Chapter 7, Page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Consultation with a urologist is not medically necessary. Per Ca MTUS ACOEM guidelines "referral may be appropriate if the practitioner is uncomfortable with the enrollee's presentation, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan." The guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A follow-up may be for: (1) consultation: 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The enrollee's symptoms remained unchanged; therefore the requested service is not medically necessary.