

Case Number:	CM15-0208316		
Date Assigned:	10/27/2015	Date of Injury:	10/07/2011
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 34 year old male, who sustained an industrial injury on 10-7-11. The injured worker is diagnosed with rotator cuff sprain-strain, shoulder adhesive capsulitis, scapular dyskinesia and other affections of the shoulder region. A note dated 9-21-15 reveals the injured worker presented with complaints of right shoulder pain, stiffness and weakness and intermittent right hand numbness. He reports the pain is increased by overhead activities and wakens him during the night. A physical examination dated 9-21-15 revealed mild to moderate scapular dyskinesia, painful arc of motion, abduction greater than forward flexion and a positive impingement. There is 80% active and 90% passive right shoulder range of motion with a 25-30 degree internal rotation contracture. The right rotator cuff testing is 5 out of 5, supraspinatus isolation is 4+ out of 5 with mild pain with isolation and loading. Treatment to date has included medication, right shoulder injection and home exercise kit. Diagnostic studies include a fluoroscan x-rays reveals a type III acromial configuration with mild to moderate acromioclavicular joint degenerative changes per physician note dated 9-21-15. A request for authorization dated 10-8-15 for referral to treating physician is denied, per Utilization Review letter dated 10-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Treating Physician: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS does not specifically address referrals to a treating physician. In this case, the claimant complains of chronic right shoulder pain due to an industrial injury on 10/07/2015. The request is for a referral to a [REDACTED]. The reasons for this referral are not provided. [REDACTED] is a physical medicine specialist, so the purpose of the consult may be for electrodiagnostic testing to rule out a possible brachial plexus injury. It appears that the insured has its own facilities to perform this testing, so the rationale for the referral is absent. Therefore the request is not medically necessary or appropriate.