

Case Number:	CM15-0024359		
Date Assigned:	04/07/2015	Date of Injury:	12/10/2012
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female with an industrial injury dated December 10, 2012. The injured worker diagnoses include wrist sprain/strain, carpal tunnel syndrome, lumbar disc with bulge, lumbar facet syndrome, lumbar radiculopathy, lumbar sprain/strain, hand sprain/strain, headache, cervical radiculopathy, cervical sprain/strain, shoulder sprain/strain, rotator cuff syndrome, elbow sprain/strain and insomnia. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 01/19/2015, the injured worker reported pain in right wrist, lower back, right hand, neck, left shoulder, right elbow and loss of sleep due to pain. Objective findings revealed tenderness to palpitation in the left shoulder, and decrease left shoulder range of motion in all planes due to end range left shoulder pain. The treating physician prescribed services for consultation with a gastrointestinal specialist for the left shoulder now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a G.I Specialist (Left Shoulder): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with left shoulder pain rated 4/10 with and 6/10 without medications. The request is for CONSULTATION WITH A GI SPECIALIST (LEFT SHOULDER). Patient's diagnosis per Request for Authorization form dated 01/27/15 includes sprains and strains of unspecified site of shoulder and upper arm; disorders of bursae and tendons in shoulder region, unspecified; sprain of carpal (joint) of wrist; other sprains and strains of hand; intervertebral disc disorder with myelopathy, lumbar region; thoracic or lumbosacral neuritis or radiculitis, unspecified; sprain of lumbar; radiculopathy, cervical region; and sprains and strains of the neck. Patient medications include Norco, Soma, Omeprazole and topical compounds. The patient is temporarily totally disabled, per treater report dated 02/16/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. UR letter dated 02/02/15 states there is no documentation of any gastrointestinal issues that would support the medical necessity of the requested service. However, treater has prescribed Omeprazole per progress reports dated 01/19/15 and 02/16/15, and patient has a diagnosis of stomach upset, per progress report dated 02/16/15. It would appear that the current treater feels uncomfortable with the medical issues and has requested for consult with a GI specialist, which would benefit the patient. Given the patient's diagnosis and continued stomach symptoms, the request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.