

Case Number:	CM15-0210765		
Date Assigned:	10/29/2015	Date of Injury:	02/21/2014
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56-year-old female who sustained an industrial injury on February 21, 2015. The worker is being treated for: right humerus tumor of uncertain etiology, likely benign: status post right shoulder arthroscopy August 17, 2015. Subjective: August 2015 she reported "has some pain, swelling, and some tingling in the right bicep area." September 10, 2015 she reported complaint of increased pain in her right shoulder due to recent surgery. She states the medication does improve the pain level. Objective: August 25, 2015 noted incision healing well. September 10, 2015 noted the right arm in a brace with intact AIN, PIN, u M function and RUM sensation. Diagnostic: radiographic study, MRI. A bony lesion on the humerus is stable and considered benign. There was a prior evaluation of the bony lesion at Loma Linda University, but there is no documented attempt to review this documentation or recommendations. Medication: August 25, 2015: prescribed Percocet for pain. Treatment: medication, DME brace and sling activity modification, physical therapy, surgery. On September 22, 2015 a request was made for a second opinion consultation regarding lesion on upper extremity that was noncertified by Utilization Review on September 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consultation for the lesion on upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 - Independent Medical examinations and consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The Guidelines recommend minimal standards of care to support referrals and/or diagnostic testing. These standards have not been met. It is documented that this individual had a prior medical evaluation for the lesion in question, but there is no documented review of this evaluation and its results to support a 2nd evaluation. The lesion is noted to be stable on follow up x-rays. Under these circumstances, the request for a 2nd evaluation is not supported by Guidelines as there has been an inadequate review/evaluation of prior tests and opinion(s). The Second opinion consultation for the lesion on upper extremity is not medically necessary.