

Case Number:	CM15-0032589		
Date Assigned:	02/26/2015	Date of Injury:	10/05/2011
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, Illinois

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 49-year-old female who sustained a work related injury on October 5, 2011, incurring injuries to the left shoulder. She was diagnosed with rotator cuff syndrome of the left shoulder and epicondylitis of the left shoulder. The injured worker also had a history of uncontrolled diabetes mellitus and required frequent glucose checks and liver disease. Treatment included physical therapy, injections, and medications. On February 26, 2015, a request for medical clearance by Internal Medicine/Hepatology between February 6, 2015 and March 23, 2015, as an outpatient was non-certified by Utilization Review, noting California utilization Review Standards.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance by internal medicine/hepatology: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: The injured worker sustained a work related injury on October 5, 2011 . The medical records provided indicate the diagnosis of rotator cuff syndrome of the left shoulder and epicondylitis of the left shoulder. The injured worker also suffers from diabetes mellitus, Liver and kidney diseases. He was treated with injection to the left shoulder in 2012, but this provided no benefit. The provider is considering surgery, but needs to define the location of the pain with ultrasound guided lignocaine injection. The request is for medical clearance by an internist or hepatologist before he can proceed with ultrasound guided shoulder injection. The medical records provided for review do indicate a medical necessity for Medical clearance by internal medicine/hepatology . The MTUS recommends the use of diagnostic lidocaine injections to distinguish pain sources in the shoulder area.