

Case Number:	CM14-0125855		
Date Assigned:	09/05/2014	Date of Injury:	01/04/2010
Decision Date:	10/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old male whose date of injury is 01/04/2010. The mechanism of injury is described as a slip and fall. Office visit note dated 08/06/14 indicates that the injured worker complains of right shoulder pain. Medications are listed as marijuana and Xanax. On physical examination of the right shoulder the injured worker has full active range of motion with 4-/5 strength. Speed's and O'Brien's are positive. The injured worker refuses to take psychotropic medications. He states he had an AME psychiatrist. He states that he is a high risk for suicide without telling anyone. He has a history of suicide attempts. Diagnoses are superior glenoid labrum lesion, arthroscopy of wrist, sprain and strain of carpal joint of wrist, right elbow sprain, right shoulder strain, depression, lumbar strain and neck strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Based on the clinical information provided, the request for orthopedic consultation and treatment is not considered as medically necessary. The request for treatment is premature pending completion of consultation. Previous review authorized a modified treatment request of ortho consult with further treatment recommendations considered upon review of the consult report that substantiates the request. There is no indication that the authorized orthopedic consultation has been completed. Therefore, medical necessity of this request is not established in accordance with ACOEM guidelines.

Referral to a psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Based on the clinical information provided, the request for referral to a psychiatrist is not recommended as medically necessary. The prior review authorized a referral to a psychiatrist on 07/10/14; however, it is unclear if this has been performed. The submitted records indicate that the injured worker refuses to take psychotropic medication. There is no clear rationale provided to support the request at this time, and medical necessity is not established in accordance with ACOEM recommendations.