

Case Number:	CM14-0179178		
Date Assigned:	10/31/2014	Date of Injury:	02/01/2013
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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 patient is a 53-year-old female with a date of injury of 02/01/2013. The listed diagnoses per [REDACTED] are: 1. Status post L/S fusion with residual pain. 2. Right shoulder AC OAS, partial thickness RCT status post right shoulder A/S, 07/31/2014. 3. Right elbow sprain/strain, lateral epicondylitis. According to the most recent progress report provided for review from 09/08/2014, the patient presents with constant pain and swelling in the right shoulder. The patient states that initially her postop pain was 5/10 but has now increased to 8/10. She has not had physical therapy yet. It was noted the patient is scheduled to see [REDACTED], orthopedic surgeon, on 09/10/2014 for followup. Examination revealed muscle guarding in the right shoulder/arm. It was noted the patient moves with stiffness and protectively. Right shoulder incision is well healed with mild swelling noted. This is a request for ortho consult, right shoulder. Utilization review denied the request on 09/30/2014. Treatment reports from 01/06/2014 through 09/08/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consult Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Second Edition, (2004), Chapter 7, page 127 - Consultation

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: This patient presents with chronic right shoulder pain and is status post right shoulder arthroscopy with debridement on 07/31/2014. This is a request for ortho consult, right shoulder. ACOEM Practice Guidelines, second edition (2004), page 127 has the following, "the occupational health practitioner may refer to other specialist 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." It appears the patient is being followed by [REDACTED], who is an orthopedic surgeon. The request appears duplicative. The treater does not explain whether or not a second opinion is being sought therefore request is not medically necessary.