

Case Number:	CM14-0215736		
Date Assigned:	01/05/2015	Date of Injury:	07/29/2004
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61-year-old male presenting with a work-related injury on July 29, 2004. The patient was diagnosed with neck pain, right shoulder pain, right elbow pain, right hand pain, right carpal tunnel syndrome, status post right shoulder surgery, 02/20/2014 and status post left shoulder surgery, 2005. The provider recommended a second surgical opinion consult only. On 03/12/14, the patient reported pain all around the arm rated 10/10. The physical exam was significant for right shoulder range of motion in flexion is 95 degrees actively and 107 degrees passively. Strength of glenohumeral joint at this time. There is tissue restriction around the right shoulder musculature. The provider recommended continuing treatment. On 11/03/2014, the patient complained of left shoulder/arm pain as well as pain in the neck, right shoulder/arm, right and left elbow/forearm and right and left wrist/hand. The provider recommended physical therapy, right wrist MRI, and a second surgical opinion consultation only for the upper extremity surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second surgical opinion consult only for upper extremity surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary updated 10/2/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 92 and 127.

Decision rationale: Per Ca MTUS ACOEM guidelines page 92, referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan. Page 127 of the same guidelines states: the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examiner for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The patient's last visit did not indicate any of the above issues. Additionally, the patient's problem is chronic from a work related injury 10 years ago and the most recent office visit included general complaints that were less focused on his upper extremity; therefore, the requested service is not medically necessary.