

<b>Case Number:</b>	CM14-0215840		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 64-year-old with a reported injury date of 09/22/2013. The patient has the diagnoses of right shoulder full thickness rotator cuff tear, full thickness longitudinal tear of the long head of the biceps and superior labral tear. Per the progress reports dated 06/30/2014, the patient had complaints of continued shoulder pain with decreased range of motion. The physical exam noted positive impingement, pain and weakness. The treatment plan recommendations included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a Spanish speaking psychotherapist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127 and <http://www.ncbi.nlm.gov/pubmed/19594252>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM , the 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. A referral may be for Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Per the repeal response of the utilization review denial, the patient has the diagnoses of psychological impairment with presumed stress and anxiety. The requested treatment/consult is outside of the primary treating physician's scope of practice. Therefore a consult would be warranted.