

Case Number:	CM15-0110477		
Date Assigned:	06/17/2015	Date of Injury:	10/11/2011
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California
 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 injured worker is a 48 year old male, who sustained an industrial injury on 10/11/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having status post rotator cuff repair, rule out recurrent rotator cuff tear, right shoulder tendonitis/bursitis, and carpal tunnel syndrome. Treatment to date has included right shoulder surgery. On 4/27/2015, (most recent progress report submitted), the injured worker complains of persistent right shoulder pain, producing limitations, particularly with overhead activities. Overall, his condition was unchanged from previous visits. Exam of the right shoulder noted adequate range of motion in abduction and flexion. There was tenderness to palpation along the acromioclavicular joint with palpable crepitation into the right acromioclavicular joint. Neer's and Hawkin's signs were negative. The treatment plan included follow-up with orthopedic surgeon to discuss treatment options, including repeat of right shoulder arthroscopy. He was currently working full duty without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow Up Visit with orthopedic specialist to discuss treatment options including Repeat of Right Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (acute & chronic) - Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - pain chapter and office guidelines.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant no longer had impingement findings. The claimant already had surgery. The claimant had been working without restrictions. The request for orthopedic surgery is not medically necessary.