

Case Number:	CM15-0114257		
Date Assigned:	06/22/2015	Date of Injury:	08/18/2009
Decision Date:	08/04/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 injured worker is a 49 year old female, who sustained an industrial injury on 8/18/09. The injured worker has complaints of bilateral shoulder pain, the right is worse than the left. Examination of the left shoulder revealed tenderness at the acromioclavicular (AC) joint and right shoulder examination revealed tenderness at the acromioclavicular (AC) joint and tenderness on the medial border of right scapular area. Range of motion in right shoulder is able to go to 140 degrees in abduction and after that is painful. The diagnoses have included right shoulder sprain; bilateral lateral epicondylitis and bilateral carpal tunnel. Treatment to date has included medications; home exercise program; acupuncture and magnetic resonance imaging (MRI) of the right shoulder on 11/22/14 showed a rotator cuff tear with supraspinatus and infraspinatus tendinitis and acromioclavicular joint arthritis. The request was for evaluation by an internal medicine/cardiology specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation by an internal medicine/cardiology specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records does not have any primary cardiac complaints or conditions secondary to industrial incident and therefore the need for consultation has not been established and the request is not medically necessary.