

Case Number:	CM15-0115138		
Date Assigned:	06/23/2015	Date of Injury:	06/22/2010
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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:

This 36 year old man sustained an industrial injury on 6/22/2010. The mechanism of injury is not detailed. Diagnoses include shoulder pain, arthritis of the shoulder, chest wall pain, lumbar radiculopathy, lumbar facet pain, insomnia, lumbar degenerative disc disease, chronic depression. Treatment has included oral and topical medications, right shoulder injection, and physical therapy. Physician notes on a PR-2 dated 5/4/2015 show complaints of right shoulder pain rated 7-8/10 and low back pain rated 6-7/10 with radiation to the bilateral lower extremities. Recommendations include surgical intervention, orthopedic consultation, pain management consultation, Oxycodone, Gabapentin, Cymbalta, stop topical pain cream and use Lidoderm instead.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with orthopedist for right shoulder: Overturned

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, Official Disability Guidelines, Pain Chapter, Office Visits.

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 has ongoing complaints of shoulder pain that have failed treatment by the primary treating physician. Therefore, criteria for follow up appointment with the orthopedic surgeon for shoulder pain have been met and the request is certified.