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| <b>Case Number:</b>   | CM15-0118223 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 07/29/2014 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 06/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2015 |

### 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:

This 45 year old man sustained an industrial injury on 7/29/2014. The mechanism of injury is not detailed. Diagnoses include cervical and thoracic spine strain and right shoulder strain. Treatment has included oral medications. Physician notes on a PR-2 dated 5/13/2015 show complaints of neck, upper back, and right shoulder pain. Recommendations include electromyogram of the bilateral upper extremities; MRIs of the cervical and thoracic spine and right shoulder, pain medicine follow up, orthopedic consultation, and follow up in five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultation for the right shoulder:** Overturned

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

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

**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 had impingement findings and weakness of the rotator cuff. In April 2015, the orthopedic surgeon recommended an MR arthrogram and possible surgery if the claimant desires. The request to follow-up with the orthopedic surgeon for follow-up and intervention is appropriate and medically necessary.