

Case Number:	CM15-0119598		
Date Assigned:	06/30/2015	Date of Injury:	04/12/2010
Decision Date:	07/29/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Internal Medicine

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 52 year old female who sustained an industrial injury on 4/12/10. Primary treating physician's progress report dated 6/9/15 reports continued pain in her shoulders, cervical spine and hands. Acupuncture provides temporary relief of the pain along with pain medication. Diagnoses include derangement of joint not otherwise specified of shoulder, carpal tunnel syndrome, gastroduodenal disorder not otherwise specified and adverse effects of specified agents affecting the gastrointestinal system in therapeutic use. A note from 5/15/15 states that the patient has epigastric pain treated with Prevacid. Plan of care includes: aqua therapy 2 times per week for 3 weeks, request consultation with rheumatologist, gastroenterologist, and general surgeon for a hemorrhoidectomy as recommended by the qualified medical examiner. Work status is temporary total disability for 6 weeks. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatologist consult: 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 9 Shoulder Complaints Page(s): 22 in chapter 2 and page 29 in chapter 9.

Decision rationale: The initial assessment should screen for findings that could suggest serious pathology. These findings are called red flags and may need an urgent consultation from a physician specially trained in the implicated area of danger. In the case of shoulder pathology, physical exam and history that may indicate such pathology as a septic joint, neurological compromise, or cardiac, or intrabdominal disease may need urgent referral to a specialized consultant. We do not see any notes in the MD chart indicating the possibility of a systemic or autoimmune arthritic condition needing consultation to a rheumatologist. We just have the statement that a QME has recommended the consultation. Without further justification in the chart the UR is justified in its denial of this authorization. Therefore the request is not medically necessary.

Gastroenterologist consult: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22 of chapter 2 and page 29 of chapter 9.

Decision rationale: The initial assessment should screen for findings that could suggest serious pathology. These findings are called red flags and may need an urgent consultation from a physician specially trained in the implicated area of danger. In the case of shoulder pathology, physical exam and history that may indicate such pathology as a septic joint, neurological compromise, or cardiac, or intrabdominal disease may need urgent referral to a specialized consultant. We have a patient with epigastric pain treated empirically with Prevacid but do not have a diagnosis. We do not know if the patient has GERD, gastric or duodenal ulcer, or some other even more serious condition such as malignancy. Therefore, it would be of benefit to have a gastroenterologist see the patient to review treatment and rule out a serious condition that would need further work up and treatment. Therefore, the UR decision is overturned and is medically necessary.

General surgery consultation for a hemorrhoidectomy: 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 9 Shoulder Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22 of chapter 2 and page 29 of chapter 9.

Decision rationale: The initial assessment should screen for findings that could suggest serious pathology. These findings are called red flags and may need an urgent consultation from a physician specially trained in the implicated area of danger. In the case of shoulder pathology, physical exam and history that may indicate such pathology as a septic joint, neurological compromise, or cardiac, or intrabdominal disease may need urgent referral to a specialized consultant. The MD sites a recommendation of a QME for surgical consult for hemorrhoidectomy but we have no note in his report about any medical treatment utilized or patient symptoms or course of disease. Therefore, the UR was justified in refusing authorization for surgical referral. The request is not medically necessary.