

Case Number:	CM15-0123734		
Date Assigned:	07/08/2015	Date of Injury:	07/02/2009
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 67 year old female, who sustained an industrial injury on July 2, 2009, incurring upper back, neck and upper extremity injuries. She was diagnosed with tendinitis of the right forearm, tendinitis of the right long finger, and rotator cuff syndrome of the right shoulder. Treatment included a right median nerve release, bilateral carpal tunnel release, pain medications, physical therapy, and home exercise program and activity modifications. Currently, the injured worker complained of increased pain in the right shoulder radiating into the right cervical spine and down into the right forearm and into the wrist. She noted that the pain in the cervical spine increased in cold and wet weather. Range of motion was noted to be limited which limited any activities of daily living. The treatment plan that was requested for authorization included a consultation for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 216-217.

Decision rationale: This 67 year old female has complained of neck, back and upper extremity pain since date of injury 7/2/09. She has been treated with surgery, physical therapy and medications. The current request is for consult for the right shoulder. The available medical records do not document any surgical conditions or red flag symptoms that would require consult for the right shoulder. On the basis of the available medical records and per the guidelines cited above, consult for the right shoulder is not indicated as medically necessary.