

Case Number:	CM15-0171454		
Date Assigned:	09/11/2015	Date of Injury:	06/09/2014
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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 53-year-old male who sustained an industrial injury on June 9, 2014. Diagnosis was right-sided rotator cuff rupture "likely of a pre-existing tear" stated to have occurred prior to this injury. Documented treatment includes rotator cuff repair on 9-11-2014, and at least 4 sessions of post-operative physical therapy. The injured worker continues to present with weakness and pain in his right shoulder radiating down his arm with a "shock-like" sensation per the 7-28-2015 physician's note. At this visit, it is stated that he exhibits normal range of motion. Work status is usual and customary. The treating physician's plan of care includes a request for authorization on 7-28-2015 for a pain management consult for chronic sleep disturbance related to pain, and neurology consult. Both have been denied stating diagnostic and therapeutic management within the treating physician's scope of practice have not been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for chronic sleep disturbance/pain: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, 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 does have continued and ongoing shoulder pain despite conservative therapy. However the need for pain management consult has not been established in the provided medical records for review, the patient's physical exam and response to treatments, therefore is not medically necessary.

Neurology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, 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 does have continued and ongoing shoulder pain despite conservative therapy. However the need for neurology consult has not been established in the provided medical records for review, the patient's physical exam and response to treatments, therefore is not medically necessary.