

Case Number:	CM15-0034872		
Date Assigned:	03/03/2015	Date of Injury:	09/30/2008
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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, Georgia
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 66-year-old male, who sustained an industrial injury on 09/30/2008. He has reported subsequent right shoulder pain and was diagnosed with right shoulder injury, osteoarthritis of the shoulder, supraspinatus sprain and small tear of the anterior supraspinatus. Treatment to date has included oral pain medication, physical therapy, pain injections and surgery. In a progress note dated 02/04/2015, the injured worker complained of right shoulder pain. Objective findings were notable for normal, non-tender right shoulder with no swelling, no pain and decreased range of motion. The physician noted that the injured worker was being transferred to California Occupational Medicine Professionals for further care due to the complex nature of the case. A request for authorization of transfer of care for the right shoulder was made. On 02/17/2015, Utilization Review non-certified request for transfer of care for the right shoulder, noting that the referral was not appropriate at this time. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of Care, Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain adequate documentation of need for transfer of care for management of shoulder pain. As such, transfer of care for shoulder pain is medically indicated.