

Case Number:	CM15-0046826		
Date Assigned:	03/19/2015	Date of Injury:	03/09/2008
Decision Date:	05/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey

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 3/9/08. He reported back, right elbow, right hand and momentary loss of consciousness. The injured worker was diagnosed as having chronic right shoulder pain status post rotator cuff repair, right medial pain, status post L1 compression fracture, lumbar degenerative disc disease, right medial elbow pain, post traumatic anxiety and depression and chronic pain related insomnia. Treatment to date has included right rotator cuff surgery, physical therapy, oral medications including narcotics and activity restrictions. Currently, the injured worker complains of constant moderate pain with activities involving reaching above the shoulder level. He rates his pain 2/10. The injured worker notes improvement with range of motion and function with physical therapy. Physical exam noted focal tenderness over the bicipital groove and posterior joint line with restricted range of motion of right shoulder; mild patellofemoral crepitus with medial joint line tenderness is also noted and tenderness on palpation of bilateral low lumbar paraspinal tenderness without spasm and restricted range of motion. The treatment plan included continuation of oral medications and orthopedic follow up consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic follow up consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was insufficient evidence to support an indication for a follow-up consultation with an orthopedic doctor regarding the mild post-traumatic osteoarthritis. The physical examination showed minimal abnormality (mild crepitus, medial joint line tenderness, but no effusion and no instability) and pain level was rated at 2/10 on the pain scale. There was no discussion of this worker potentially being a candidate for an injection or surgical intervention of the right knee either. Therefore, the arthritis should be effectively managed by the primary treating physician without any indication to have a specialist monitor, and the request for an orthopedic follow-up will be considered medically unnecessary.