

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0066316 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 04/15/2013 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/12/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 male, who sustained an industrial injury on April 15, 2013. The injured worker was diagnosed as having right shoulder full thickness tendon tear, degenerative arthrosis synovitis and arthroscopic shoulder surgery. Treatment and diagnostic studies to date have included surgery and medication. A progress note dated January 21, 2015 provides the injured worker complains of unchanged right shoulder pain and stiffness and left shoulder pain and stiffness with radiation to the neck that is worsening. Physical exam notes the right shoulder to be non-tender on palpation. There is tenderness of the left shoulder with crepitus. Follow-up on February 16, 2015 is essentially unchanged. The plan includes surgical intervention of right shoulder and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment with a family medicine physician: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultations, page 127.

Decision rationale: The patient is a 67 year old male with an injury on 04/15/2013. He had a right shoulder injury and arthroscopic surgery. On 01/21/2015 and 02/16/2015 he continued to have right shoulder pain and the findings were unchanged and the plan includes repeat orthopedic surgery of the right shoulder. This is an injury of the right shoulder and an orthopedic condition. The patient has been under the care of an orthopedist and continues orthopedic care. If needed the surgery will be done by an orthopedist. The consultation with a family medicine physician for this injury does not meet ACOEM consultation guidelines as a need for a specialty consultation for this injury. The request is not medically necessary.