

Case Number:	CM15-0068823		
Date Assigned:	04/16/2015	Date of Injury:	01/03/2015
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 23 year old female, who sustained an industrial injury on 01/03/2014. The injured worker is currently diagnosed as having shoulder tenosynovitis and shoulder impingement. Treatment to date has included physical therapy, home exercise program, right shoulder MRI, and medications. In a progress note dated 02/06/2015, the injured worker presented with complaints of right shoulder/arm pain. According to the application, Independent Medical Review is requested for Med Management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Management 1 time 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 391-392.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-392.

Decision rationale: Per the MTUS Guidelines, the initial assessment of patients presenting with stress-related complaints seeks to screen for potentially serious psychiatric disorders, to assess

the patient's physical and psychosocial situation, and to establish an effective treatment plan. It is important to adequately evaluate and document the presenting complaint, any prior medical or psychiatric illness, and immediate safety concerns. Attributing symptoms to stress often indicates a diagnosis of exclusion and requires a more thorough assessment, which can be achieved through a short-term plan that includes initial counseling and education and a plan for reassessment. The injured worker has an acute shoulder injury without rotator cuff pathology. She reportedly is also suffering from adjustment disorder with mixed anxiety and depressed mood, however the medical reports do not provide sufficient evaluation and rationale to support the request for medication management. The request for Med Management 1 time 6 is determined to not be medically necessary.