

Case Number:	CM15-0074221		
Date Assigned:	04/24/2015	Date of Injury:	06/09/2013
Decision Date:	05/21/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/18/2015

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 42-year-old female, who sustained an industrial injury on 05/09/2013. She has reported injury to the left shoulder, left neck, and left wrist. The diagnoses have included left shoulder muscle strain; left shoulder pain; and left arm pain. Treatment to date has included medications, diagnostics, bracing, physical therapy. Medications have included Gabapentin, Cyclobenzaprine, Naproxen, and Tramadol. A progress note from the treating physician, dated 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain that goes up inter her neck; medications are helping, however, she still has significant burning pain; and she has had physical therapy that has not relieved her pain. Objective findings have included decreased range of motion in the left shoulder; positive Hawkins test with popping and catching and evidence of impingement on the left side; and decreased strength of her left arm as compared to the right. The treatment plan has included the request for special report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Report: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requested special report requested on 12/25/14 has no corresponding report or documentation to support the validity of the request. The request for Special Report is determined to not be medically necessary.