

Case Number:	CM15-0093564		
Date Assigned:	05/20/2015	Date of Injury:	12/19/2007
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on 12/19/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy and shoulder impingement. There is no record of a recent diagnostic study. Recent treatment has included medication management. In a progress note dated 4/8/2015, the injured worker complains of right shoulder, neck and back pain with gastric symptoms. Physical exam showed tender cervical muscles and anterior shoulders and a positive impingement sign at the right shoulder. The treating physician is requesting a referral to evaluate and treat the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to evaluate and treat right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, there are long standing orthopedic complains affecting the shoulder and low back. Per the utilization review determination, an orthopedic consultation has already been approved. Since authorizations often have a specific period, and the worker at the present time continues to have need for orthopedic consultation, the old consultation/referral request should be cancelled and the present one approved. The referral for consultation and treatment should be allowed, as treatment can include any number of interventions such as patient education or prescribing medications that would not need further authorization. However, if it is felt that surgical intervention is necessary, this would require approval first by the claims administrator.