

Case Number:	CM13-0003777		
Date Assigned:	03/03/2014	Date of Injury:	07/15/1999
Decision Date:	04/09/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old female with date of injury 7/15/98. The treating physician report dated 6/21/13 states that the patient has a positive MRI for left shoulder tendinopathy and supraspinatus tear. Additionally there is a positive EMG/NCV for bilateral carpal tunnel syndrome and left ulnar entrapment. Diagnoses listed are: 1.Left supraspinatus tear 2.Bilateral carpal tunnel syndrome The utilization review report dated 7/12/13 states that the request for bilateral hand and left elbow surgical consultation be modified to bilateral hand surgical consultation only. The request for orthopedic evaluation of the bilateral shoulders was modified to orthopedic evaluation of the left shoulder only

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND SURGERY EVALUATION FOR BILATERAL HANDS AND LEFT ELBOW:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), p. 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , CHAPTER 7, 127

Decision rationale: The patient presents with chronic worsening intractable pain affecting the right shoulder, right knee, left shoulder with numbness and tingling affecting the left upper extremity. There are positive examination findings noted of shoulder ROM limited to 70 degrees extension, flexion 90 degrees and abduction to 50 degrees. Grip strength is 3/5, left arm TTP over anterior biceps, positive Tinel's through the elbow and positive Phalen's bilaterally. The left shoulder MRI reveals a supraspinatus tear and the EMG/NCV reveals bilateral carpal tunnel syndrome and left ulnar entrapment. The treating physician has requested left elbow and bilateral hand surgery evaluation. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery may be required. Recommendation is for authorization.

REFERRAL FOR ORTHOPEDIC EVALUATION FOR THE BILATERAL SHOULDERS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), p. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7, PAGE 127

Decision rationale: The patient presents with chronic worsening of pain affecting the right shoulder and difficulty using her right arm. The worst pain is in the left shoulder with pain levels of 8/10 without medication and 5/10 with medication. There is no MRI information of the right shoulder and the left shoulder MRI dated 6/11/13 states there is "marked tendinosis of the supraspinatus muscle. There is a tear of the supraspinatus muscle which is at least partial thickness and may be full thickness." There is documented limited shoulder ROM with extension 70, flexion 90, and abduction to 50 degrees. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery may be required. Recommendation is for authorization.