MAXIMUS Federal Services

Case Number:	CM13-0013585		
Date Assigned:	10/11/2013	Date of Injury:	04/28/2011
Decision Date:	01/02/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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.

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 39 year old male injured in a work related accident on April 28, 2011. Records reflected treatment from the time of injury through to April of 2013 primarily for a reported head and neck injury. The employee was seen by a Dr. [redacted] in October of 2012 at which time it was documented that there was a 2009 right shoulder cumulative trauma injury in addition to the head and neck injuries reportedly sustained in April of 2011; shoulder range of motion was within normal limits and it was indicated that the patient could continue working. There was a record from April 2013 from Dr. [redacted] that indicated the employee had been seen in followup with the last visit having had occurred in 2011. At the time of the exam right shoulder motion was 148 in abduction and 70 in internal rotation, and there was a slight positive impingement sign on the right. Recommendations were for orthopedic consultation and work tolerance assessment. The orthopedic consultation was denied after utilization review with peer discussion on 08/16/13. The employee did go on to see an orthopedist on August 18, 2013, Dr. [redacted]. The documentation reflected complaints of his pain was more intense with reaching above shoulder level. The physical finding showed impingement to the right shoulder with a positive relocation test and negative apprehension sign, no instability or weakness was noted. Reviewed at that visit was a June 4, 2013 MRI scan that showed tendinosis of the distal supraspinatus and a down sloping acromion and bursitis changes. He was diagnosed with impingement syndrome and anterior instability. A corticosteroid injection was recommended with possible future care being surgical treatment in the form of arthroscopy, decompression and possible capsular shift procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

An orthopedic consultation for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, pages 137-138.

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) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127..

Decision rationale: Based on the ACOEM Guidelines in regards to consultations, healthcare practitioners may refer to other specialists if a diagnosis of uncertain or complex etiology. In this case, the records show that the right shoulder complaints were not attributed to the injury of 2011, rather they were related to cumulative trauma injury dating to 2009. A Panel QME provider had indicated that the shoulder was from a different injury and treatment recommendations were pertaining to the head and neck injuries from the 2011 incident. Dr. [redacted], who referred the employee for orthopedic consultation, documented that he had seen the employee last in 2011 prior to the April 2013 visit; there was not any indication of a change in this individual's clinical condition, and the main findings pertaining to the right shoulder were of slight positive impingement and some limitation in motion. Based on these findings, there was not an apparent right shoulder injury per se in 2011, rather there were shoulder complaints reported as cumulative in nature dating to another timeframe. Additionally, the examination of April 2013 did not suggest a complexity right shoulder condition such that an orthopedic consultation would have been necessary bearing in mind that the employee had been seen by an orthopedic panel QME in October of 2012 at which time there were not recommendations for further shoulder treatment. Based on all of these things there would then not be any apparent medical necessity for an orthopedic consultation as of April 2013. The request for an orthopedic consultation is not medically necessary and appropriate.