

Case Number:	CM13-0026022		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	02/12/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine & Rehabilitation 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. 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:

This 32 year-old male Meat Cutter sustained a lifting injury to his right shoulder and low back on 7/13/09 while employed by [REDACTED]. Request under consideration include 1 referral to an Orthopedic Surgeon. There is a history of a motor vehicular accident on 10/22/09. Previous conservative treatment has included medications, activity restrictions, PT from October 2009 to September 2010, and ESWT. EMG/NCV study of the bilateral upper extremities on 2/3/10 was normal. Report of 7/15/13 from [REDACTED] noted the patient complaining of right shoulder pain graded at 8/10 radiating to the arm and fingers and constant low back radicular pain and burning and spasm at 7/10. Medications provide temporary relief and improve ability for restful sleep. Medication list include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream. Exam of right shoulder showed flex/abd at 160, ext at 30, neutral on adduction, ER at 45, and IR at 55 degrees; tenderness over the supraspinatus and infraspinatus muscles; pain-related weakness of the right upper extremity, intact sensation, motor strength slightly decreased secondary to pain, DTR 2+ symmetrical in bilateral upper extremities and positive empty can sign. Lumbar spine exam showed normal gait, palpable tenderness with spasms at lumbar paraspinal muscles over L3-L5; functional range intact, motor strength 5/5 in all represented muscles of bilateral lower extremities, intact sensation at L4-S1 dermatomes, and DTR 2+ symmetrical in bilateral lower extremities. Diagnoses include right shoulder tendinitis, right shoulder osteoarthritis, and lumbar herniated nucleus pulposus. Treatment include multiple medication refills, MRI of right shoulder and lumbar spine, EMG/NCV of right upper and bilateral lower extremities, TENS, continued shockwave therapy and orthopedic consultation for the right shoulder. The patient remained TTD. Ortho consult was non-certified on 8/23/13 citing guidelines criteria

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to an Orthopedic Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 180-183 and 209-210.

Decision rationale: This 32 year-old male Meat Cutter sustained a lifting injury to his right shoulder and low back on 7/13/09 while employed by [REDACTED]. Request under consideration include 1 referral to an Orthopedic Surgeon. Report of 7/15/13 from [REDACTED], orthopedic surgeon, noted the patient complaining of right shoulder pain graded at 8/10 radiating to the arm and fingers. Exam of right shoulder showed flex/abd at 160, ext at 30, neutral on adduction, ER at 45, and IR at 55 degrees; tenderness over the supraspinatus and infraspinatus muscles; pain-related weakness of the right upper extremity, intact sensation, motor strength slightly decreased secondary to pain, DTR 2+ symmetrical in bilateral upper extremities and positive empty can sign. Diagnoses include right shoulder tendinitis, right shoulder osteoarthritis. Treatment include multiple medication refills, MRI of right shoulder and lumbar spine, EMG/NCV of right upper and bilateral lower extremities, TENS, continued shockwave therapy and orthopedic consultation for the right shoulder. The rationale for referral to an orthopedic surgeon for the right shoulder is unclear as the requesting provider [REDACTED] is an orthopedist as well. Additionally, the shoulder exam, besides tenderness and range limited by pain, exhibits intact sensation, motor strength and reflexes in bilateral upper extremities. Treatment included an MRI of the right shoulder. Guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling shoulder symptoms with red-flag conditions identified to suggest possible acute rotator cuff tear, failure to increase in range in therapy with extreme progression of symptoms, and neurological deficits of muscular strength to suggest a surgical lesion that is imaging confirmed. Submitted reports have not adequately demonstrated support for this orthopedic consultation. The 1 referral to an Orthopedic Surgeon is not medically necessary and appropriate.