MAXIMUS Federal Services

Case Number:	CM13-0026625		
Date Assigned:	11/22/2013	Date of Injury:	12/11/2012
Decision Date:	02/14/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 Preventative Medicine and Occupational Medicine 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:

The patient is a 52 year-old male with a work-related injury of 12/11/2012. The patient was treated with conservative care and underwent diagnostic test myelogram cervical spine, also had shoulder arthroscopy and SLAP repair. He is status post right knee arthroscopy on 4/20/13. Patient also has history of cervical fusion approx.15 years ago. Neurological testing confirmed damage to long thoracic nerve palsy. Patient is taking Omprazole 20 mg; enalapril 5 mg; Vicodin 500mg. 03/06/13 Orthopedic surgeon noted scapular winging. 03/28/2013 NCV confirmed damage to long thoracic nerve palsy. 04/27/20013 MRI of the cervical spine showed C7-C8 disk buldge. PTP PR2 on 6/26/2013 patient complains ongoing pain left shoulder with scapular winging as well as occasionally the right knee giving out. Assessment: Left shoulder rotator cuff tear with a history of previous left shoulder rotator cuff surgery with accompanying labrum tear recommended to go to surgery; long thoracic nerve palsy; cervical spine disk herniation touching the spinal cord; scapular winging; right knee meniscus tear status post surgical revision. Plan recommendations for myelogram; neurosurgical consult; pain management consult; orthopedic consult for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127..

Decision rationale: ACOEM chapter 7, page 127 does state that the occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, when the plan or course of care may benefit from additional expertise. The patient clearly has a complex treatment history and there are questions regarding the continuation of care for the shoulder issues and other pain issues as well as possibility of a closure of the case. The PTP is a neurologist and feels the patients pain issues are outside his area of expertise. There is no clear indication in the records of what exactly the PTP needs from the consultation, however, this is outside of his area of expertise. The patient continues to have pain issues and a treatment plan is needed.

orthopedic surgeon consultation for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127..

Decision rationale: There is indication that the patient has seen an orthopedist for this issue recently, but it appears that doctor has retired. The PTP is a neurologist and feels the patients orthopedic issues are outside his area of expertise. The patient clearly has a complex treatment history and there is questions regarding the continuation of care for the shoulder issues as well as possibility of a closure of the case.