

Case Number:	CM13-0031177		
Date Assigned:	12/13/2013	Date of Injury:	08/12/2008
Decision Date:	07/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic and Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 42-year-old male who reported an injury on 06/12/2013. The date of injury is 08/12/2008. The diagnoses included rotator cuff tear, traumatic ulnar neuropathy, and depression. Previous treatments include physical therapy, medication, surgery, and an MRI. Within the clinical note dated 07/12/2013, it was reported the injured worker complained of left shoulder pain. He noted the pain was deep and superior. The injured worker reported the pain radiated to the arm and neck. The injured worker reported he is still undergoing physical therapy, which has improved symptoms. The injured worker reported his left fourth and fifth fingers had spasms. Upon the physical examination, the provider noted weakness of grip on the left hand. He noted pain elicited at the acromioclavicular joint, over the rotator cuff, and in the lateral deltoid and long head of the biceps. The provider noted the injured worker's range of motion was limited with extension at 125 degrees and abduction at 110 degrees range of motion of the shoulder. The provider requested a second opinion for the left shoulder and ulnar nerve. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND OPINION FOR LEFT SHOULDER AND ULNAR NERVE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a second opinion for the left shoulder and ulnar nerve is non-certified. The injured worker complained of left shoulder pain, which he noted was deep and superior pain. He complained the pain radiated to his arm and neck. The California MTUS/American College of Occupational and Environmental Medicine note referral for surgical consideration may be indicated for patients who have red flag conditions, acute rotator cuff tear in a young worker, or glenohumeral joint dislocation; activity limitation for more than 4 months, plus extensive of a surgical lesion; failure to increase range of motion and strength of musculature around the shoulder even after exercise programs, plus extensive existence of surgical lesion; clear clinical and imaging evidence of a lesion that has been shown to benefit, in both short and long term, from surgical repair. Surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks, and benefits expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient for a physical medicine practitioner may help resolve the symptoms. The provider failed to document a complete and adequate physical examination indicating the injured worker to have increased range of motion and strength after an exercise program. There is a lack of documentation of imaging study to corroborate a diagnosis of a rotator cuff tear. Additionally, the request as submitted failed to provide which surgery the provider is requesting. The request for a second opinion for left shoulder ulnar nerve is not medically necessary.