

Case Number:	CM13-0037471		
Date Assigned:	12/13/2013	Date of Injury:	01/14/2009
Decision Date:	02/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 and 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 female Home Assistant sustained an injury to her right shoulder on 1/14/09 while employed by [REDACTED]. Request under consideration include orthopedic evaluation of left upper extremity. Report dated 9/23/13 from Nurse Practitioner, [REDACTED] noting the patient with complaints of persistent pain. Conservative treatments have included opioids, injections, 12 sessions of physical therapy, diagnostic x-rays and MRI indicating rotator cuff tear. She is s/p right shoulder arthroscopic surgery in 2009, 2010 and latest by [REDACTED] in April 2011 with post-op physical therapy. Follow-up with [REDACTED] indicated no further surgical intervention is needed. Previous medications included Norco, Darvocet, Flexeril, Soma, Naprosyn, and Nucynta. Exam noted normal sensation, negative Tinel's and Phalen's, DTR 1+ bilaterally, motor exam is diminished but equal in all groups of the upper extremities; normal gait. Diagnoses include shoulder joint pain; localized osteoarthritis; adhesive capsulitis; disorder of rotator cuff syndrome; stiffness; chronic pain syndrome; lateral epicondylitis; and traumatic arthropathy. As she is suffering from chronic right shoulder pain, she also has chronic left extremity pain with positive Finkelstein's and lateral epicondylitis. Request was non-certified on 10/10/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183.

Decision rationale: This female Home Assistant sustained an injury to her right shoulder on 1/14/09 while employed by [REDACTED]. Request under consideration include orthopedic evaluation of left upper extremity. Report dated 9/23/13 from Nurse Practitioner, [REDACTED] noting the patient with complaints of persistent pain. Conservative treatments have included opioids, injections, 12 sessions of physical therapy, diagnostic x-rays and MRI indicating rotator cuff tear. She is s/p right shoulder arthroscopic surgery in 2009, 2010 and latest by [REDACTED] in April 2011 with post-op physical therapy. Follow-up with [REDACTED] indicated no further surgical intervention is needed. Previous medications included Norco, Darvocet, Flexeril, Soma, Naprosyn, and Nucynta. Exam noted normal sensation, negative Tinel's and Phalen's, DTR 1+ bilaterally, motor exam is diminished but equal in all groups of the upper extremities; normal gait. Diagnoses include shoulder joint pain; localized osteoarthritis; adhesive capsulitis; disorder of rotator cuff syndrome; stiffness; chronic pain syndrome; lateral epicondylitis; and traumatic arthropathy. As she is suffering from chronic right shoulder pain, she also has chronic left extremity pain with positive Finkelstein's and lateral epicondylitis. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient's own orthopedist, [REDACTED] has already opined the patient has not further surgical intervention needed. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study remarkable for any surgical lesion. The orthopedic evaluation of left upper extremity is not medically necessary and appropriate.