

Case Number:	CM13-0045424		
Date Assigned:	03/31/2014	Date of Injury:	08/02/1999
Decision Date:	07/02/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal 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 injured worker is a 67 year old female who reported an injury to her mid to her right shoulder. A clinical note dated 04/04/13 indicated the injured worker relating that the initial injury occurred on 08/02/99 as a result of an industrial injury. The injured worker rated the pain as 4-9/10. The injured worker utilized Norco for pain relief and Cymbalta for neuropathic related fine pain. Upon exam the injured worker demonstrated 120 degrees of range of flexion at the right shoulder and 20 degrees of extension, 120 degrees of abduction, 20 degrees of adduction, and 40 degrees of internal and external rotation. Moderate tenderness was identified over the acromioclavicular joint. A clinical note dated 07/02/13 indicated the injured worker complaining of severe levels of pain at the right shoulder. The injured worker demonstrated 4/5 strength. The injured worker showed demonstrating 50% of range of 50% again of range of motion. The MRI of the right shoulder dated 07/11/13 revealed full thickness rotator cuff tear involving the supraspinatus, infraspinatus, and subscapularis tendons. Retraction of the supraspinatus and infraspinatus was identified measuring seven centimeters. A clinical note dated 09/25/13 indicated the injured worker continuing with strength and range of motion deficits at the right upper extremity. The injured worker continued with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REFERRAL FOR EVALUATION OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute & Chronic) updated 6/12/13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), IME AND CONSULTATIONS, PAGE 503.

Decision rationale: The request for a referral for evaluation of the right shoulder is denied. The clinical documentation indicates the injured worker showing significant range of motion and strength deficits throughout the right shoulder. The most recent MRI revealed a full thickness tear of the supraspinatus and infraspinatus and subscapularis tendons with retraction. Given the clinical exam confirming significant functional deficits and imaging studies confirming a full thickness tear, it is unclear how the injured worker will benefit from additional evaluation of the right shoulder. Given this, the request is not indicated as medically necessary.