

Case Number:	CM13-0046211		
Date Assigned:	05/07/2014	Date of Injury:	10/03/2011
Decision Date:	11/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 Surgeon 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 43-year old Female who reported injury on 10/03/2011. The mechanism of injury not noted. She is diagnosed with postoperative arthroscopic capsular release and MUA of right shoulder and neck pain. Diagnostic studies included an unofficial MRI of her neck which showed C5-6 abnormalities. Her surgical history includes Arthroscopic shoulder surgery and knee surgery. The clinical note on 09/30/2013 documented the injured worker was seen for a postoperative visit and stated that her shoulder, "felt good, but her neck is really what is bothering her." The physical examination showed mild limitation of range of motion to her right shoulder. The rest of the physical exam was unremarkable. Medications included Cal Mag Zinc + D3 (333mg calcium-133mg); cinnamon oral capsule 500mg; COQ10; Ibuprofen 200mg; ketoprofen, micronized miscellaneous powder; maxalt 5mg; minocycline 100mg; Naprosyn 500mg; omega 3 fish oil; Tylenol 325mg. Treatment plan was to see a neurosurgeon, continue medication regimen, continue physical therapy and may return to work with modified duty. A request was received for a referral to a neurosurgeon. In the documentation provide the rationale for the referral to the neurosurgeon was for the possibility that the shoulder surgeries have exacerbated the neck pathology. A request for authorization dated 10/02/2013 is included in documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO A NEUROSURGEON: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on the MTUS ACOEM, 2ND EDITION Chapter 8 Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

Decision rationale: The California MTUS / ACOEM guidelines state Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, Activity limitation for more than one month or with extreme progression of symptoms, Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, Unresolved radicular symptoms after receiving conservative treatment. The documentation submitted for review stated that the injured workers neck is what is really bothering her. The unofficial MRI stated to show C5/6 abnormalities. There was lack of information showing sufficient evidence of conservative care. The guidelines also state the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehabilitation (PM&R) specialist may help resolve symptoms. Based on the clinical information submitted for review the request for referral to a neurosurgeon is not medically necessary.