

<b>Case Number:</b>	CM13-0046336		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 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 patient is an employee of [REDACTED] and has submitted a claim for cervical sprain/strain, herniated nucleus, degenerative disc disease C5-C7, thoracic sprain/strain and left shoulder sprain/strain with labral tear associated with an industrial injury date of March 18, 2013. Treatment to date has included oral analgesics, muscle relaxants, cervical fusion surgery (June 2013), physical therapy and chiropractic therapy. Medical records from 2013 were reviewed and showed neck, left shoulder and trapezius pain with paresthesia to the left upper extremity. Latest physical examination revealed normal cervical findings and periarticular left shoulder pain on Apley's and Dugas test with reproducible pain on circumduction and scapular excursion. The patient has some contraction pain of the left trapezius and shoulder which will increase in severity with physical therapy hence a left shoulder orthopedic consult was recommended. MRI obtained on April 18, 2013 showed mild degenerative changes of the acromiohumeral joint space and superior glenoid labrum. A progress report on November 7, 2013 stated that the left shoulder labral tear was insufficient to warrant outside ongoing evaluation. Subjectively, the left shoulder symptoms are painful but not labor-restricting. There were also problems with swallowing for which ENT consult was recommended, however no examination of the oral cavity/throat was noted. Utilization review dated November 4, 2013 denied the request for left shoulder consultation with orthopedist because the records do not establish the failure of conservative care directed toward the left shoulder and prior MRI of the shoulder failed to demonstrate a surgical lesion. The request for ear, nose and throat consultation was denied because a reevaluation from a post surgical perspective should be obtained first and request appropriate imaging studies to investigate the patient's swallowing prior to seeking input from an ENT specialist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **A LEFT SHOULDER ORTHOPEDIC CONSULTATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 127 and 156.

**Decision rationale:** According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient has some contraction pain of the left trapezius and shoulder which will increase in severity with physical therapy, hence a left shoulder orthopedic consult was suggested. MRI obtained on April 18, 2013 showed mild degenerative changes of the acromiohumeral joint space and superior glenoid labrum. However, the reports did not show uncertainty or complexity of the diagnosis, and the left shoulder labral tear was insufficient to warrant outside ongoing evaluation. Moreover, the left shoulder symptoms are painful but not labor-restricting. The request for a left shoulder orthopedic consultation is not medically necessary and appropriate.

### **AN ENT (EAR NOSE THROAT) CONSULTATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 127 and 156.

**Decision rationale:** According to the Non-MTUS Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient has problems with swallowing however there was no objective evidence of reevaluation nor requested imaging studies that would allow thorough investigation of the condition prior to seeking input from an ENT specialist. The request for an ENT consultation is not medically necessary or appropriate.