

Case Number:	CM13-0052648		
Date Assigned:	12/30/2013	Date of Injury:	03/17/2012
Decision Date:	05/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 51-year-old male with a date of injury of 03/17/2012. The listed diagnoses per [REDACTED] are: (1) Left shoulder pain, (2) possible bicipital tendonitis versus SLAP. According to report dated 09/23/2013 by [REDACTED], the patient presents with left elbow, left wrist, and left shoulder pain. The provider states the patient has seen several doctors including [REDACTED] and has had 3 EMG/NCS. [REDACTED] recommended cervical decompression of carpal tunnel and cubital tunnel. The patient states the left shoulder is most bothersome with lifting, especially bench presses. Examination of the left shoulder showed full range of motion, positive apprehension test and tenderness at the bicipital groove. MR arthrogram of the left shoulder dated 10/25/2013 revealed type 2 superior labrum anterior-posterior (SLAP) tear, intact rotator cuff, mild degenerative changes of the acromioclavicular joint and mildly laterally down sloping orientation of the acromion, and small amount of fluid in subacromial subdeltoid bursa. The provider is requesting an evaluation and subsequent treatment from a specialist for the left shoulder tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION AND SUBSEQUENT TREATMENT FROM A SPECIALIST FOR A TEAR OF THE LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, , 127

Decision rationale: This patient presents with continued left shoulder complaints. The provider is requesting an evaluation and subsequent treatment for the left shoulder tear. The ACOEM Practice Guidelines state that the occupational 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. The ACOEM Guidelines further state that referral to a specialist is recommended to aid in complex issues. In this case, the provider is concerned with the patient's tear per MR arthrogram dated 10/25/2013. A specialty evaluation and treatment is medically reasonable and consistent with the guidelines. Therefore, the requested services are medically necessary and appropriate.