

Case Number:	CM13-0056620		
Date Assigned:	12/30/2013	Date of Injury:	12/13/2012
Decision Date:	05/20/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 Surgery 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 claimant, a 60-year-old gentleman, sustained a low back injury on December 13, 2012. The records provided for review also indicated complaints of neck and shoulder pain. The clinical assessment on September 26, 2013, noted increased complaints of neck and upper extremity weakness. The examination findings showed stiffness and impaired motion of the neck, with no documentation of neurologic findings. A progress report by orthopedic spine surgeon [REDACTED] on November 4, 2013 documented ongoing complaints of neck and right shoulder pain. It states that recently electrodiagnostic studies were ordered, but had not yet been performed. Objectively, it was documented that there was pain in the right shoulder with restricted range of motion at end points and tenderness over the pectoralis muscle. [REDACTED] diagnosed the claimant with impingement and rotator cuff tendinosis. The recommendations were for a follow-up with [REDACTED] for the right shoulder ongoing complaints. This review is for a request for orthopedic referral for further follow-up in regards to this claimant's shoulder issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT EVALUATION AND TREATMENT WITH ORTHOPEDIC

SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, SHOULDER (ACUTE & CHRONIC) OFFICE VISITS.

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 (ACOEM), 2ND EDITION, (2004), CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127.

Decision rationale: The MTUS/ACOEM Guidelines indicate 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 Guidelines also indicate that a referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The claimant continues to have symptoms related to his shoulder with a current diagnosis of impingement and rotator cuff tendinosis. The claimant had been referred by an orthopedic spine surgeon. Further follow-up with an orthopedic provider for the shoulder symptoms, and the claimant's ongoing complaints, would appear to be medically necessary.