

<b>Case Number:</b>	CM13-0060985		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 57 year old female who was injured on 7/31/12. The patient reported gradually worsening neck, upper back, left scapular region, and left upper extremity pain while working 12 hour weekend shifts as an ICU nurse. Prior treatment history has included physical therapy, TENS, H-wave, use of a cervical pillow, and a left shoulder injection on 8/29/2013. The patient also underwent a left suprascapular nerve block for continued pain. The patient's medications as of 10/16/13 include Flexeril, Celebrex, Nucynta, Lunesta, Aspirin, Ibuprofen, Levothyroxine, and Tylenol. X-rays of the cervical spine without contrast dated 8/3/13 revealed mild degenerative change without other abnormality. MRI of the left shoulder without contrast dated 8/3/13 showed tendinosis of supraspinatus and infraspinatus tendons together with questionable small incomplete articular side tear of the supraspinatus tendon that at its attachment to the greater tuberosity of the humerus. A progress report dated 10/16/13 indicated that the patient had complaints of neck pain and left upper extremity pain. The pain level had remained unchanged since the last visit. Her quality of sleep was described as poor and her activity level had remained the same. She denied any new numbness, tingling, weakness, or bowel/bladder issues. She rated her neck pain at 3-4/10, and left shoulder pain at 5/10. She requested an increase in her Nucynta to have more better days. She reported she was still going to physical therapy which had been helping. She was awaiting approval for a TENS unit which she stated gave her left shoulder and upper trapezius 2-3 hours of relief. Objective findings on exam revealed positive joint pain and positive muscle pain. The cervical spine revealed no lordosis, asymmetry, or abnormal curvature. Range of motion was restricted with flexion limited to 25 degrees, extension limited to 10 degrees, right lateral bending limited to 10 degrees, left lateral bending limited to 12 degrees, lateral rotation to the left limited to 15 degrees, lateral rotation to the right limited to 10 degrees and limited by pain. On examination of the paravertebral muscles, hypertonicity, spasm,

tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) was noted on the left side. Spinous process revealed tenderness on C6 and C7. There was tenderness noted at the paracervical muscles and trapezius. Spurling's maneuver caused pain in the muscles of the neck radiating to upper extremity. The biceps reflex was 2/4 bilaterally sides, triceps reflex was 2/4 bilaterally, and brachioradialis reflex was 2/4 bilaterally. Left shoulder movements were restricted with flexion limited to 110 degrees, extension limited to 5 degrees, and abduction limited to 90 degrees. Hawkin's test, Neer's test, shoulder crossover test, and empty cans test were all positive. On palpation, there was tenderness in the acromioclavicular joint, biceps groove, and subdeltoid bursa. Motor examination revealed grip strength was 5/5 on the right and 5-/5 on the left. Shoulder abduction was 5/5 on the right and 4-/5 on the left. Shoulder external rotation was 5/5 on the right and 4-/5 on the left. Shoulder internal rotation was 5/5 on the right and 4-/5 on the left. There was a decrease in light touch sensation over the medial hand, lateral hand, and lateral forearm on the left side. The patient was diagnosed with cervical radiculopathy, cervical pain, disc disorder, and shoulder pain. The patient was recommended to consider a functional capacity evaluation, and either a chiropractic therapy referral or an acupuncture therapy referral.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**REFERRAL TO AN ORTHOPEDIC SURGEON (CERVICAL/SHOULDER):** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503.

**Decision rationale:** As per the ACOEM, 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. Further guidelines indicate that consultation is recommended 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. In this case, this patient continues to complain of neck and left shoulder pain despite trials of conservative modalities including medications, physical therapy, injections, TENS unit, H-wave unit, and cervical pillow. An MRI of the left shoulder showed tendinosis of supraspinatus and infraspinatus tendon with questionable tear of supraspinatus tendon. On physical exam, there was persistent tenderness, restricted neck and left shoulder motion, positive Hawkin's/Neer's/impingement/crossover/empty can tests, and decreased strength in the left upper extremity. As such, the requested referral is medically necessary.