

Case Number:	CM13-0063035		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2010
Decision Date:	04/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 reported an injury on 11/28/2010. The mechanism of injury was cumulative trauma related to the performance of job duties. The patient was initially treated with medications and activity modification; however, due to the failure of symptoms to resolve, she was referred for an EMG and NCS of the bilateral upper extremities. This test was performed on the left upper extremity on 01/10/2011 and revealed left moderate carpal tunnel syndrome. Another electrodiagnostic test performed on the right upper extremity on 02/24/2011 revealed a right carpal tunnel syndrome. The patient also received an MRI of the right hand on 08/17/2011 that revealed a 5 mm cyst at the head of the third metacarpal and an MRI of the left wrist, performed on the same date, revealed a 3 mm cyst at the lunate, but no signs of carpal tunnel syndrome. An MRI of the left shoulder performed on the same date revealed changes in the AC joint, negative impingement, tendinosis of the supraspinatus without a tear, and biceps tenosynovitis. The patient received cortisone injections to the bilateral shoulders with unknown benefit, and was prescribed a course of physical therapy. The patient was also noted to have a lateral epicondylitis in the left elbow and was placed on work restrictions with no improvement in symptoms. The patient continued to have multiple complaints to the bilateral upper extremities, for which surgical interventions were somewhat beneficial. The patient received a left shoulder arthroscopic subacromial decompression on 06/04/2012 with no discussion of its benefit. The patient also received a left carpal tunnel release on 02/05/2013 after additional diagnostic studies confirmed a carpal tunnel syndrome. On 09/19/2013, the patient underwent a right carpal tunnel release; however, it is unknown if postoperative physical therapy was obtained. There was very little objective information submitted regarding the patient's bilateral shoulders, as most of the documentation was related to her bilateral wrist complaints. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to sports medicine ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004, 2nd Edition, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Guidelines recommend referrals for surgical consultations in patients who have red flag conditions, activity limitation of greater than 4 months, existence of a surgical lesion, failure to increase range of motion and strength despite exercise programs, and clear clinical and imaging evidence of a lesion that would benefit from surgery. The clinical information submitted for review stated that the patient is to be referred to [REDACTED], sports medicine physician, to "see if surgery is indicated based on her symptoms, new MRI results, and injection results, if any." It is unclear why the patient would be referred to sports medicine specialist instead of an orthopedic surgeon. In addition, the most recent clinical note dated 10/16/2013 revealed that the patient's left shoulder pain was resolved after an unspecified injection, and her right shoulder exam was essentially negative except for slight tenderness to palpation at the greater tuberosity with positive impingement signs. A brief ultrasound of the right shoulder on that date revealed intact supraspinatus with minimal calcific tendinopathic changes, and complaints were so mild as to not warrant an injection at that time. As the patient's shoulder complaints are reported to be mild and initially responded to a corticosteroid injection, as well as no rationale as to refer the patient to a sports medicine specialist instead of an orthopedic surgeon, there is no indication for this treatment at this time. As such, the request for a referral to sports medicine ([REDACTED]) is non-certified.