MAXIMUS Federal Services

Case Number:	CM13-0069973		
Date Assigned:	01/08/2014	Date of Injury:	09/04/2011
Decision Date:	05/27/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Neurology, 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 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 41 year old male who reported an injury to his left shoulder. The clinical note dated 12/14/12 indicates the patient complaining of left shoulder pain with paresthesia identified in the left upper extremity. The patient was able to demonstrate 60 degrees of internal rotation, 70 degrees of external rotation, 120 degrees of abduction, and 140 degrees of flexion. The patient was identified as having a positive Neer's, impingement, and Jobe's signs. The patient was able to demonstrate 4-5/5 strength throughout the shoulder. The procedural note dated 02/12/13 indicates the patient having undergone a scalene block at that time. The clinical note dated 09/04/13 indicates the patient reporting no significant benefit following the scalene block. The clinical note dated 10/23/13 indicates the patient having previously undergone a trigger point injection which did provide mild relief. The patient demonstrated significant range of motion deficits throughout the left shoulder to include 40 degrees of elevation and 30 degrees of external rotation. A previous MRI completed in 2012 revealed an old Hills- Sachs lesion. The MRI of the left shoulder dated 11/20/13 revealed a type 1 acromion process with a normal AC joint. No evidence of subacromial or subdeltoid bursitis was identified. The clinical note dated 12/04/13 indicates the initial injury occurred when he was involved in a motor vehicle accident. The patient had subsequently been diagnosed with thoracic outlet syndrome as well as cervical radiculopathy. The note indicates the patient having undergone multiple injections, all with minor relief. The patient reported numbness, tingling, and weakness from the neck down into the left Final Determination Letter for IMR Case Number CM13-0069973 3 upper extremity. The note indicates the patient having undergone multiple courses of physical therapy in the past. The patient was recommended for an arthroscopic procedure at the left shoulder as well as manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine evaluation and treatment for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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), 2nd Edition, (2004) IME and Consultations. Page 503.

Decision rationale: The request for an orthopedic spine evaluation and treatment for the cervical spine is non-certified. The documentation indicates the patient having significant complaints with the left shoulder to include ongoing range of motion deficits. No information was submitted regarding a radiculopathy in the upper extremities. Given these findings, it does not appear that a spinal evaluation with subsequent treatment would be indicated. Additionally, it is unclear if the patient is progressing towards a surgical intervention as no information was submitted confirming the patient's significant findings confirming the likely benefit of a surgical intervention. Given these findings, this request is not indicated as medically necessary.