

<b>Case Number:</b>	CM13-0071083		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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, Hand Surgery, and Neurological 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 is a 59-year-old female who was injured on August 19, 2003. The previous clinical documentation from September 17, 2012 does not mention or provide a diagnosis consistent with seizure disorder. The most recent progress note provided for review is dated November 18, 2013. The clinician indicates that the claimant has suffered neurological issues as a result of her industrial injuries that occurred on August 19, 2003, when airbags deployed due to her motor vehicle accident. She struck her hand and she develop neurological problems and was diagnosed with seizures. Based on the above, a neurology evaluation is being requested in order to further evaluate the patient seizures headaches and dizziness." The utilization review in question was rendered on December 16, 2013. The reviewer non-certified the request for a neurological evaluation secondary to seizures. The reviewer indicates that documentation is not provided to indicate the underlying seizure disorder and a rationale was not provided for this referral. The claimant's treatment history included right shoulder surgical intervention, date not stated, and open reduction, internal fixation of a left wrist injury sustained during a motor vehicle accident. The injured worker was evaluated on 08/05/2013. It was documented that the claimant had decreased range of motion described as 100 degrees in abduction of the right shoulder with 4/5 motor strength of the deltoid. It was documented that the claimant continued to undergo psychotherapy. The treatment recommendation of medical clearance and a neurologist prior to surgical intervention secondary to a history of epilepsy was recommended. The claimant's diagnoses included shoulder region disorder, enthesopathy of the wrist, and adhesive capsulitis of the shoulder. The claimant was evaluated on 09/30/2013. It was documented that revision surgery of the right shoulder was anticipated. The physical findings included 90 degrees in abduction. The claimant was evaluated on 11/18/2013. It was documented that the claimant had

failed to respond to conservative treatments of the right shoulder to include medications and subacromial injections. Surgical intervention was requested.

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

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

#### **RIGHT SHOULDER REVISION ROTATOR CUFF REPAIR WITH ARTHROTOMY, ARTHROSCOPY AND SUBACROMIAL DECOMPRESSION: Upheld**

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

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

**Decision rationale:** The MTUS/ACOEM Guidelines recommend surgical intervention when it is supported by significant functional benefits corroborated by an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the claimant has significantly limited range of motion that has failed to respond to conservative measures to include medications and corticosteroid injections. However, the clinical documentation failed to provide any evidence of an imaging study that would require additional surgical intervention and support the claimant's significantly limited examination findings. In the absence of an imaging study, surgical intervention is not supported by guideline recommendations. As such, the requested right shoulder revision rotator cuff repair with arthrotomy, arthroscopy, and subacromial decompression is not medically necessary or appropriate.

#### **NEUROLOGY EVALUATION FOR SEIZURES: 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), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

**Decision rationale:** The ACOEM Guidelines support the use of a referral when the plan or course of care may benefit from additional expertise. Based on clinical documentation provided, the occupational health practitioner indicates that the claimant has a history of seizure and headache since the industrial injury. This review does not address causality, but rather medical necessity. Given the subjective complaints, the requested referral is considered medically necessary.

