MAXIMUS Federal Services

Case Number:	CM14-0004930		
Date Assigned:	01/24/2014	Date of Injury:	06/10/2009
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Texas. 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 injured worker is a 65 year old male who reported an injury on 06/10/2009 secondary to getting a shirt-sleeve caught in a machine. He was treated previously with medications, acupuncture, chiropractic treatment, and a home exercise program according to the medical records submitted for review. An MRI of the right shoulder on 01/27/2013 revealed a full thickness tear of the supraspinatus tendon and synovitis of the long head of the biceps tendon. An MRI of the left shoulder on 05/29/2013 revealed rotator cuff tendonitis with degenerative joint disease. An MRI of the lumbar spine on 01/27/2013 revealed moderate to severe bilateral L5-S1 neuroforaminal stenosis with compress of the L5 nerve roots He has had ongoing orthopedic follow-ups according to the medical records provided. EMGs and NCVs on 07/15/2013 revealed bilateral median neuropathy at the wrists and left S1 radiculopathy. The injured worker was evaluated by his primary treatment provider and his orthopedic treatment provider on 07/02/2013. On that date, the injured worker reported 8/10 right shoulder pain and 5/10 left shoulder pain. On physical exam, he was noted to have positive impingement signs bilaterally with limited range of motion and tenderness to palpation over the AC joint of the right shoulder. The injured worker was recommended by his orthopedic provider for a cortisone injection to the right shoulder at that time and was advised to follow-up in 6 weeks to assess his response to the injection. It was noted that the injured worker reported wishes to exhaust conservative efforts before any surgical intervention. A follow-up with his primary physician on 07/31/2013 noted that the injection decreased the injured worker's pain for 3 to 4 days. At that time, the injured worker was recommended for a general orthopedic consultation to take over care and act as the primary treating physician. There is no documentation of a clinical encounter with the injured worker's primary treatment provider or orthopedic provider after that date. A

request for authorization was submitted on 12/26/2013 for orthopedic follow-ups. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC FOLLOW-UPS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2011) Chapter 6, Page 163.

Decision rationale: The request for orthopedic follow-ups is non-certified. California MTUS/ACOEM Guidelines recommend a consultation to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating an injured worker. The most recent orthopedic encounter was dated 07/02/2013. The injured worker was last seen by his primary physician on 07/31/2013 according to the medical records submitted for review. At that time, it was noted that a cortisone injection to the right shoulder was minimally effective. It was noted that the primary physician requested a second orthopedic physician to take over as the primary physician. There is no documentation of a clinical encounter with the injured worker's primary treatment provider or an orthopedic provider after that date. There is a lack of recent documentation of the injured worker's current symptoms in the medical records submitted for review. Therefore, the injured worker would benefit from a follow-up evaluation with an orthopedic provider. However, the request as written does not specify the number of follow-up visits requested. Subsequent follow-up visits would not be warranted unless indicated by one initial follow-up visit. As such, the request for orthopedic follow-ups is not medically necessary.