

Case Number:	CM14-0007978		
Date Assigned:	02/26/2014	Date of Injury:	10/23/2012
Decision Date:	12/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and 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 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:

This 66 year-old patient sustained an injury on 10/23/12 while employed by [REDACTED]. Request(s) under consideration include referral to shoulder surgeon. Diagnoses include cervical strain with degenerative disc disease; right shoulder full-thickness rotator cuff tear. EMG/NCV on 7/19/13 showed bilateral carpal tunnel syndrome (CTS). MRI of the right/left shoulder on 7/12/13 showed full thickness tear of supraspinatus tendon with retraction, glenohumeral joint effusion, and partial-thickness tearing of distal infraspinatus and subscapularis tendon; and AC joint hypertrophy with impingement on the supraspinatus. Report of 9/3/13 from the provider noted the patient with chronic ongoing cervical spine and bilateral shoulder pain. Treatment included physical therapy, medications, and bilateral wrist splints. Report of 10/7/13 noted persistent right shoulder pain rated at 4-5/10; left shoulder pain rated at 3-5/10 and neck/upper back pain rated at 6/10; medications are helping with pain symptoms. Exam showed positive bilateral Hawkin's and Neer's testing; decreased motor and sensation in bilateral extremities. Treatment included physical therapy (PT) x 12 sessions for bilateral shoulders, home exercise kit, urine drug screens (UDS), shoulder surgical consult, and hand surgeon for bilateral CTS. The patient remained total temporary disability (TTD). Report of 12/16/13 noted pain improving with physical therapy; there is ongoing shoulder and neck pain. Exam showed bilateral wrists with motor weakness and positive Tinel's and Phalen's; shoulder with positive impingement test; limited range with flex/ext./IR of 135/40/80 degrees. Treatments for continued PT, shoulder surgeon consult. The patient remained TTD status. The request(s) for referral to shoulder surgeon was non-certified on 12/30/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to shoulder surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Compensation.

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

Decision rationale: This 66 year-old patient sustained an injury on 10/23/12 while employed by [REDACTED]. Request(s) under consideration include referral to shoulder surgeon. Diagnoses include cervical strain with degenerative disc disease; right shoulder full-thickness rotator cuff tear. EMG/NCV on 7/19/13 showed bilateral CTS. MRI of the right/left shoulder on 7/12/13 showed full thickness tear of supraspinatus tendon with retraction, glenohumeral joint effusion, partial-thickness tearing of distal infraspinatus and subscapularis tendon; and AC joint hypertrophy with impingement on the supraspinatus. Report of 9/3/13 from the provider noted the patient with chronic ongoing cervical spine and bilateral shoulder pain. Treatment included physical therapy, medications, and bilateral wrist splints. Report of 10/7/13 noted persistent right shoulder pain rated at 4-5/10; left shoulder pain rated at 3-5/10 and neck/upper back pain rated at 6/10; medications are helping with pain symptoms. Exam showed positive bilateral Hawkin's and Neer's testing; decreased motor and sensation in bilateral extremities. Treatment included PT x 12 sessions for bilateral shoulders, home exercise kit, UDS, shoulder surgical consult, and hand surgeon for bilateral CTS. The patient remained TTD. Report of 12/16/13 noted pain improving with physical therapy; there is ongoing shoulder and neck pain. Exam showed bilateral wrists with motor weakness and positive Tinel's and Phalen's; shoulder with positive impingement test; limited range with flex/ext./IR of 135/40/80 degrees. Treatments for continued PT, shoulder surgeon consult. The patient remained TTD status. The request(s) for referral to shoulder surgeon was non-certified on 12/30/13. From review, there is an orthopedic AME report of 8/6/14 noting the patient was evaluated by 2 separate orthopedic surgeons who did not feel the patient was a candidate for operative intervention at the shoulder; however, the patient transferred care to a third orthopedist and chiropractic provider performing multiple monthly tests that did not appear necessary. It was noted that "probably 50% of patients in this age group will have either partial or complete rotator cuff tears absent any trauma. Thus, one has to of course take into consideration the patient's clinical presentation before proceeding with invasive care." It was then noted "Exactly why the patient underwent a shoulder operative procedure is not entirely clear, but as can be seen, the patient had only a marginal loss of motion before surgery, and now, over five months after the operation, he cannot even lift his arm above shoulder level. Thus, it does not appear that the shoulder surgical procedure has been a therapeutic triumph." Future medical care noted additional therapy and perhaps MUA; however, it was noted, "He is not a candidate for any invasive care on the left side (shoulder). He is not a candidate for any invasive care in the neck." In addition to 2 prior orthopedic consults who did not feel the patient was a candidate for shoulder operative intervention, the recent orthopedic AME did not recommend any future shoulder surgery given failed arthroscopy despite prior functional range now debilitated. At that time, the patient also had noted symptom improvement

from physical therapy not yet completed. Submitted reports had not demonstrated any failed conservative treatment trial or significant activities of daily living (ADL) limitation for neurological deficits to support for the shoulder surgical referral to contradict the utilization decision in December 2013. The referral to shoulder surgeon is not medically necessary and appropriate.