

Case Number:	CM14-0113231		
Date Assigned:	08/01/2014	Date of Injury:	04/15/2009
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic 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:

This 46-year-old female sustained an industrial injury on 4/15/09. Injury occurred when she fell down a flight of stairs and dislocated the right shoulder. She underwent right shoulder arthroscopic repair of a type II SLAP lesion and debridement of a partial thickness rotator cuff tear on 8/27/09. The cervical spine MRI on 1/6/14 documented multilevel degenerative disc disease with anterolisthesis C2/3, C3/4, and C4/5 and retrolisthesis C5/6 and C6/7. There was signal abnormality at C7 suggestive of a syrinx. There was mild canal stenosis at C4/5 and C6/7. Canal stenosis was most significant at C5/6 with spinal cord distention. Cervical x-rays demonstrated 4 mm of motion at C3/4 of flexion and extension. The 3/4/14 left shoulder MRI impression documented a flat laterally downsloping acromion and acromioclavicular joint osteoarthritis. There was supraspinatus and infraspinatus tendinosis with bicipital tenosynovitis. There was a small humeral head bone cyst. The 5/28/14 orthopedic report cited intermittent grade 4 stabbing left shoulder pain that had improved 10% with home exercise and a recent corticosteroid injection. Physical exam documented tenderness to palpation over the anterior and lateral aspects of the shoulder. Active range of motion testing moderately limited. The joint was stable and tracked well in range of motion. O'Brien's and cross arm tests were positive. Adson's test was positive. There was global 5-/5 strength. Sensation was decreased in the right C7 and C8 dermatomes. The orthopedist reported that the patient wanted to continue her home exercise program and activity modifications relative to the shoulder condition. She wanted to focus on treatment to the cervical spine and re-evaluate further treatment options for her left shoulder at a later time. The patient was to follow-up as needed. The 6/27/14 utilization review denied the request for orthopedic follow-up as the patient was under treatment for the cervical spine complaints and not desirous of orthopedic shoulder evaluation at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with orthopedic surgeon as needed for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Follow-up visits. Decision based on Non-MTUS Citation Official Disability Guidelines-Office Visits.

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) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have not been met. There is no indication in the record that further orthopedic follow-up for the left shoulder is appropriate at this time. The patient is under active treatment for the cervical spine with surgical intervention requested. The most recent orthopedic report indicated that the patient was to continue on home exercise and activity modification. Future treatment may be indicated but current follow-up was not requested. Therefore, this request for a follow-up visit with the orthopedic surgeon as needed for the left shoulder is not medically necessary.