

Case Number:	CM14-0159502		
Date Assigned:	10/01/2014	Date of Injury:	03/06/2014
Decision Date:	10/29/2014	UR Denial Date:	08/31/2014
Priority:	Standard	Application Received:	09/15/2014

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 Minnesota. 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:

52-year old worker was carrying a ladder and ran into the top of a tree injuring the neck, low back, and right shoulder on 03/08/2014. The initial diagnosis was cervical, thoracic and lumbar sprain. He had pain and paresthesia in the right upper and lower extremities. The cervical MRI scan revealed moderate to severe spinal stenosis at C5-6 with bilateral neuroforaminal narrowing. The lumbar MRI of 08/15/2014 revealed multiple level degenerative disc disease with neuroforaminal narrowing at L5-S1 on the right. A right shoulder MRI of 08/15/2014 revealed tendinosis of supraspinatus and infraspinatus tendons and a low grade partial thickness tear of the infraspinatus. No full thickness tear was present. The acromion was "mild" Type III. The June 19th notes indicate a positive Spurling on right and a negative impingement sign. A diagnosis of right cervical radiculopathy was made. Subsequent notes document the presence of impingement in the right shoulder but a Neer Impingement test with injection of lidocaine into the subacromial space to confirm the pain generator has not been documented. C5-6 herniation can cause shoulder pain. Furthermore, the notes do not document corticosteroid injections into the subacromial space. The notes from August also document 20 percent limitation of cervical range of motion. The disputed request pertains to right shoulder evaluation with specialist for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder evaluation with specialist for surgery (within State Fund's MPN): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 202, 204,209,210,211..

Decision rationale: CA MTUS guidelines recommend an initial assessment and a focused physical examination to determine the possibility of referred shoulder pain due to a disorder of the cervical spine at C5-6 level. The records indicate moderate to severe spinal stenosis at C5-6 with neuroforaminal stenosis bilaterally at that level. There is also a history of paresthesia in the right hand. Injecting lidocaine into the subacromial space can determine the pain generator as recommended by Neer. The records do not indicate this having been performed. Surgical considerations for partial thickness rotator cuff tears and impingement is reserved for those failing conservative treatment including steroid injections for 3-6 months. The available records do not document such conservative care. ODG guidelines indicate that the results with hook shaped acromion are not the best. Non-operative treatment including corticosteroid injections should be continued for 6 months if interrupted and 3 months if continuous. In the absence of a documented pain generator referral to a shoulder specialist for surgery is not medically necessary at this time per guidelines.