

<b>Case Number:</b>	CM14-0176305		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Surgeon 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 injured worker is a 58-year-old female who reported an injury on 07/07/2010. The injury was reported to have occurred while turning a patient in bed with no assistance. The diagnoses included status post C4-5 and C6-7 total disc replacement, status post right rotator cuff x3, last 1 in 06/2013, and medication induced gastritis. The past treatments included injections, rotator cuff repairs x3, and chiropractic treatment. The documentation indicated the patient had a right shoulder MRI in 2011 and subsequent right shoulder MR arthrogram in 2013, which revealed a partial articular surface tear of the supraspinatus tendon. An EMG/NCV of the bilateral upper extremities, dated 08/25/2014, indicated evidence of a mild/moderate bilateral carpal tunnel syndrome, with no electrodiagnostic evidence of ulnar nerve entrapment, brachial plexopathy, or cervical radiculopathy. An MRI of the cervical spine with and without contrast, dated 08/28/2014, revealed a limited study due to surgical hardware, a left paracentral disc herniation at C3-4 resulting in left neural foraminal narrowing, and multilevel facet arthropathy. Radiographs of the right shoulder, dated 05/05/2014, revealed a small osteophyte and metal anchor, with what looked like a barb down the lateral recess. The surgical history was not noted other than stated with the diagnoses. The progress note dated 09/08/2014, noted the injured worker complained of severe and debilitating pain to her right shoulder. She reported that without her medications she was unable to function well throughout the day and perform her ADLs. She further reports she may get a total shoulder replacement after workup by her spinal surgeon, who evaluated her last year. The physical exam of the cervical spine revealed tenderness to palpation with increased muscle rigidity, numerous trigger points, and decreased range of motion with obvious guarding, deep tendon reflexes to the bilateral upper extremity were rated 2/4, upper extremity motor testing was rated 5/5 to the bilateral upper extremities, sensory examination revealed decreased sensation to the lateral arm, forearm, and bilaterally at

the C5-6 distribution. The examination of the shoulders indicated tenderness along the acromioclavicular joint and subacromial bursa, with decreased range of motion to the bilateral shoulders. The medications included Norco, Anaprox, Valium, and LidoPro topical analgesic cream. The treatment plan indicated the patient would followup with an orthopedic surgeon for her left shoulder surgery. The Request for Authorization form was not submitted for review.

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

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

#### **Work-up & Clearance form a Spine Surgeon for Right Shoulder and Neck Symptoms:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, IME and Consultations, page 503.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 210-211, 179-180.

**Decision rationale:** The CA MTUS/ACOEM Guidelines state a referral for surgical consultation of the shoulder may be indicated for patients who have red flag conditions, activity limitations for greater than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder after exercise programs with existence of a surgical lesion, and clear and clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The injured worker had objective findings upon physical examination and a noted partial tear per the MR arthrogram. However, the MR arthrogram was not provided for review. There was no indication of a red flag condition, and a lack of documentation of failure of conservative treatment. The California MTUS/ACOEM Guidelines recommend a referral for surgical consultation of the neck for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term, and unresolved radicular symptoms after receiving conservative treatment. The patient was noted to have decreased range of motion of the neck with decreased sensation along the approximately C5-6 distribution. The EMG and NCV findings indicated no electrodiagnostic evidence of ulnar nerve entrapment, brachial plexopathy, or cervical radiculopathy. The MRI of the cervical spine indicated a left paracentral disc herniation at C3-4 resulting in left neural foraminal narrowing and partial effacement of the left lateral recess. There is a lack of evidence of clinical findings, imaging, and electrophysiological evidence to indicate the need for surgical intervention. There is a lack of evidence of severe progressive or disabling arm or shoulder symptoms. There is a lack of evidence of failure or exhaustion of conservative treatments. Additionally, there is a lack of documentation specifically requesting the consultation. Given the above, the request for Workup and Clearance from a Spine Surgeon for Right Shoulder and Neck Symptoms is not medically necessary.