

Case Number:	CM14-0036003		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2013
Decision Date:	09/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine 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 is a 50 year old male injured worker who reported an industrial injury to the right shoulder on 4/20/2013, 17 months ago, attributed to the performance of his job tasks reported as tying down a load. The injured worker was treated with PT and medications. The injured worker was prescribed Naproxen; Tramadol, and Acetaminophen. An MRI of the right shoulder documented a frayed labrum with an intact rotator cuff. The injured worker refused a corticosteroid injection to the shoulder. The objective findings on examination included decreased shoulder ROM and TTP to the AC joint. The injured worker was diagnosed with shoulder joint pain; right shoulder impingement, and unspecified shoulder bursa or tendon disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for the Right Shoulder: Overturned

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

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), 2ndEdition, (2004) chapter 7 page 127; Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention.

Decision rationale: The request for authorization of an initial consultation with the Orthopedic Surgeon 17 months after the DOI for the documented diagnoses is demonstrated to be medically necessary for the effects of the cited industrial injury. There are documented objective findings by the requesting provider to support the medical necessity of an orthopedic treatment for the diagnoses documented of chronic shoulder pain; frayed labrum; and shoulder impingement. There is a documented surgical lesion to the shoulder. There is demonstrated medical necessity for the injured worker to continue with Orthopedics for the shoulder to be evaluated for surgical intervention to the shoulder. The injured worker is documented to have failed conservative treatment. The injured worker refused a corticosteroid injection; however, he has failed the provided medications, activity modifications and PT.

Acetaminophen 1000mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--treatment of chronic pain.

Decision rationale: The use of acetaminophen 1000 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries. The prescription of Acetaminophen is supported with objective medically based evidence. There is evidence that the patient is prescribed Naproxen; however, is noted to have continued pain. There is demonstrated medical necessity for the treatment of pain and inflammation 17 months after the DOI. There is a demonstrated medical necessity for the prescription of Acetaminophen 1000 mg in addition to the prescribed Naproxen. The use of Acetaminophen is recommended as a first line treatment for pain.