

Case Number:	CM14-0087769		
Date Assigned:	07/23/2014	Date of Injury:	06/28/2000
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 51year old woman with a work-related injury dated 6/28/00 resulting in chronic pain of the spine and upper extremities. She has had treatment including right carpal tunnel release in 10/00 with re-exploration multiple times, left carpal tunnel release in 12/04 and right shoulder surgery in 9/11. Progress notes from the primary treating orthopedic hand/plastic surgeon are reviewed including notes dated 5/1/14. The diagnosis includes right shoulder dysfunction, cervical radiculopathy with sprain/strain, cervical disc bulging asymmetric right and left, right hand shoulder syndrome, and left wrist pain. The patient continues to complain of pain in both shoulders and upper extremities. The physical exam is noted to be unchanged from prior exam. The assesment and plan include continued treatment by the orthopedic shoulder specialist for the right shoulder who recommnends shoulder surgery. The primary provider states the pain has worsend and the patient requires further intervention by the shoulder specialist. MRI dated 11/11/13 shows a tear of the distal anterior portion of the left supraspinatus tendon with underlying tendinosis of the supraspinatus tendon, subacromial spurand a small amount of fluid in the left subacromial subdeltoid bursa which may represent bursitis. The patient was seen by the shoulder specialist on 12/9/13 at which time a arthroscopic surgery was recommended.Under consideration is the medical necessity of continued consultation with the orthopedic shoulder specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH [REDACTED] FOR BILATERAL SHOUDLERS: Overturned

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

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) Chapter 7, page(s) 127.

Decision rationale: According to the ACOEM a referral may be for: Consultation: To aid in the diagnosis , prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In this case the patient is documented by the primary treating physician to have worsening pain. Physical therapy notes dated from 1/14 show that the patient was discharged from therapy for failure to progress with worsening pain. Her ADLS were documented as being impaired. She has been seen by the consulting orthopedic physician who has recommended surgery. She has pathology on MRI of the shoulder, she has failed conservative treatment and has worsening pain. It is appropriate to return for further consultation by the specialist.