

Case Number:	CM14-0088823		
Date Assigned:	07/23/2014	Date of Injury:	02/10/2009
Decision Date:	09/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 22, 2014, the claims administrator approved a request for Norco, denied an MRI consultation, and denied a urology consultation. The applicant's attorney subsequently appealed. In a handwritten note dated April 22, 2014, the applicant reported persistent complaints of shoulder and elbow pain. The note was extremely difficult to follow, handwritten, not entirely legible. The applicant did exhibit shoulder range of motion with flexion in the 140-degree range. It was stated that the applicant was interested in proceeding with shoulder surgery at this point. A urology consultation was also sought. The attending provider's documentation did not, however, state for what purpose the urology consultation was intended. Norco was renewed. The genitourinary review section of the report did state that the applicant was experiencing issues with sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, the attending provider's documentation, while handwritten and at times difficult to follow, does seemingly suggest that the applicant has persistent shoulder complaints, significantly diminished range of motion about the injured shoulder, and is furthermore, willing to consider a surgical remedy were it offered to him. Criteria for pursuit of MRI imaging, thus, have been met. The applicant's presentation is consistent with likely rotator cuff pathology. Therefore, the request is medically necessary.

Urology Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if an attending provider is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider, an orthopedist, is likely ill-equipped to treat allegations of and/or issues with erectile dysfunction. Obtaining the added expertise of a physician who is qualified to address these issues, namely an urologist, is indicated. Therefore, the request is medically necessary.