

Case Number:	CM14-0089778		
Date Assigned:	09/10/2014	Date of Injury:	04/11/2004
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 claimant is a 41-year-old female who sustained a vocational injury on April 11, 2004 while working as a nurse. The medical records provided for review document that the claimant underwent right shoulder instability repair in 2003, instability repair and debridement in 2005, posterior instability repair in 2005, repair of humeral head cartilage in 2007, humeral head resurfacing in 2008, keloid contracture release in 2009, plastic surgical scar revision in 2009, scar revision with a capsular release and revision to an all Titanium humeral head with arthroplasty on May 5, 2010. The office note dated July 31, 2014 noted complaints of right arm and low back pain and that the claimant required medication for the pain. An orthopedic specialist referred the claimant to an infectious disease specialist for a right shoulder wound and received treatment for a skin infection in February of 2014 with Keflex. The claimant reported pain and disability related to shoulder and neck problems especially interfering severely with family relationships, work, concentration, mood, sleep patterns and overall functioning. Examination of skin revealed lesions with a red, intact skin rash over the right shoulder in a 6 centimeter radius around the incisional scar. Right trapezius, levator, scapular showed decreased range of motion to 30 percent and lateral and forward flexion to 75 percent of normal. The claimant had right hand numbness and tingling in the second, third, and fourth fingers. The claimant had normal motor, sensory and deep tendon reflexes. The report of previous diagnostic studies revealed scoliosis and reversal of the normal cervical lordosis on May 31, 2006. The September 3, 2011 imaging report revealed mild disc degenerative changes with bulges depicted at multiple levels with straightening of the normally observed cervical lordosis. The diagnoses were degenerative disease of the cervical intervertebral disc, pain in the joint involving the shoulder region, lesion of the ulnar nerve, chronic pain syndrome, history of migraines, shoulder joint replacement, myalgia and myositis, spasm of the muscle and systematic infection. The

recommendation and the plan from the July 30, 2014 office visit included an assignment of a nurse case manager due to ongoing severe pain and repeated skin eruptions that had not had any curative or diagnostic interventions to date as she was hospitalized with sepsis in March, 2014, and this was an immediate need. The skin surrounding the surgical incision/scar continued to have a yellow crust and rash. It was documented that the claimant needed coordinated services to fully assess and diagnosis the right shoulder and apparent continuing infection, which could be originating in the shoulder joint. It was also noted that interruptions of treatment due to utilization review and non-certifications cause inadequate care and result in repeated infections. This review is for one nurse case manager assignment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse case manager assignment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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 127.

Decision rationale: California ACOEM Guidelines note that occupational health practitioner may refer to other specialists if the diagnosis is uncertain or the treatment complex with psychosocial factors present or when the plan or course of care may benefit from additional expertise. An independent medical evaluation may be useful in avoiding potential conflicts of interest when analyzing causation and diagnosis, degree of impairment, or work capacity requires clarification. Consultations are typically utilized to aid in the diagnosis prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. The 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. Documentation presented for review fails to establish how the assignment of a nurse case manager would change the course of quality care. Documentation fails to establish the medical necessity of the requested assignment of a nurse case manager as it appears the claimant has regular follow up evaluations and subsequent treatments. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the nurse case management assignment cannot be considered medically necessary.

Consultation regarding right shoulder replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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 127.

Decision rationale: The California ACOEM Guidelines state that consultations are typically utilized to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. The consultant is usually asked to act in an advisory capacity and they may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The medical records provided for review suggests that the claimant has an ongoing infection of the shoulder with concerns that the root of the infection is within the joint itself for which the claimant has had previous shoulder replacement. In the setting of an intraarticular infection with subsequent hardware and joint replacement, it would be medically reasonable to proceed with a consultation with a specialist who has experience in dealing with a similar type symptoms and diagnosis. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the consultation regarding the right shoulder replacement with an orthopedic specialist would be considered medically reasonable.