

Case Number:	CM14-0184250		
Date Assigned:	11/12/2014	Date of Injury:	04/30/2003
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Nephrology 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 59-year-old female with a 4/30/03 date of injury. The patient underwent revision of the arm nerves on 2/27/12. The patient was seen on 10/16/14 with complaints of neck and right shoulder pain. Exam findings of the right shoulder revealed positive Neer's sign, positive shrug sign and tenderness of the greater tuberosity. The strength of the right shoulder was 5/5 in external rotation and 4/5 in supraspinatus isolation. The neurological examination was within normal limits in the right upper extremity. There was tenderness to palpation of the right trapezius and decreased range of motion (ROM) of the neck with pain. The diagnosis is cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, neck pain, sciatica, rotator cuff syndrome, brachial neuritis and discorded of bursa of shoulder region. MRI of the right shoulder dated 11/3/14 revealed: intact rotator cuff tendons and no significant change compared to 2008 exam; laterally down-slopping acromion may predispose to outlet impingement; small amount of subacromial bursa fluid present. Treatment to date: work restrictions, physical therapy (PT), injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho referral and treatment for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary.

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) Clinical Topics: Chapter 6- Independent Medical Examinations and Consultations, (pages 127, 156), and on the Official Disability Guidelines (ODG) Pain Chapter-Office Visits.

Decision rationale: CA MTUS states that consultations are recommended, and the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be 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. The patient complained of constant neck and right shoulder pain. An MRI of the right shoulder dated 11/3/14 revealed intact rotator cuff tendons and no significant change compared to the exam from 2008. In addition, there is a lack of documentation indicating that the patient sustained a new trauma to the shoulder and given that the patient's injury was over 11 years ago it is not clear why the consultation with an orthopedist was requested. Therefore, the request for ortho referral and treatment for right shoulder was not medically necessary.