

Case Number:	CM14-0194583		
Date Assigned:	12/02/2014	Date of Injury:	09/15/2011
Decision Date:	01/20/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/20/2014

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 neck, shoulder, and wrist pain reportedly associated with an industrial injury of September 15, 2011. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a request for an orthopedic shoulder surgery consultation. The claims administrator's UR report was very difficult to follow and mingled historical UR decisions with current UR decisions. The claims administrator invoked non-MTUS ODG Guidelines to deny the consultation, despite the fact that the MTUS addressed the topic. The claims administrator suggested that its decision was based on a progress note of October 16, 2014 and an associated RFA form of October 21, 2014. On September 29, the applicant reported ongoing issues with carpal tunnel syndrome, chronic neck pain, cervical degenerative disk disease, labral tear status post earlier shoulder arthroscopy, and residual wrist pain following earlier failed de Quervain's release surgery. Work restrictions were endorsed, along with unspecified medications. It did not appear that the applicant was working with said limitations in place. Persistent complaints of upper extremities were evident. It was stated that the applicant might have issues with low-grade shoulder adhesive capsulitis. On October 6, 2014, the applicant's primary treating provider suggested that the applicant consult the shoulder surgeon who had previously performed surgery upon the applicant. An MR arthrogram of October 3, 2014 was notable for new postoperative changes related to superior labral repair surgery, coupled with a tear/re-tear/new tear of the posterior glenoid labrum. The applicant also had issues with persistent severe atrophy of the Teres minor muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic shoulder specialist (right shoulder): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 210, counseling regarding likely outcomes, risk and benefits, and expectations is "very important" in applicants in whom surgery is a consideration. Surgical considerations, ACOEM notes, depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. Here, the applicant has persistent right shoulder complaints which have proven recalcitrant to time, medications, physical therapy, earlier shoulder surgery, etc. A recent shoulder MR arthrography demonstrated re-tear of the posterior glenoid labrum. Obtaining the added expertise of an orthopedic shoulder surgeon to determine the applicant's suitability for further shoulder surgery is indicated in the face of the applicant's persistent symptomatology and MRI-confirmed evidence of a lesion amenable to surgical correction. Therefore, the request is medically necessary.