

Case Number:	CM14-0198606		
Date Assigned:	12/08/2014	Date of Injury:	01/16/2014
Decision Date:	03/24/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 48-year-old male who reported an injury on 12/24/2013, due to an unspecified mechanism of injury. On 08/19/2014, he presented for a followup evaluation status post rotator cuff repair. It was noted that he was doing physical therapy and found it to be helpful. Overall, he noted improvement in his shoulder. He also had undergone cervical spine surgery on 09/12/2014, and it was stated that there had been significant improvement in his symptoms. He was reportedly taking ibuprofen 800 mg as needed. An examination of the right shoulder showed minimal muscle wasting, tenderness over the subacromial space and strength of 4/5. Range of motion was documented as active shoulder flexion of 130 degrees, passive shoulder flexion of 140 degrees, active glenohumeral abduction of 50 degrees, passively 60 degrees; it was noted that they felt fairly tight and limited motion in all directions. Internal rotation was to the low lumbar area and external rotation was to the side at about 25 degrees. He was diagnosed with rotator cuff rupture on the right, adhesive capsulitis of the right shoulder, brachial neuritis NOS of the right shoulder, right shoulder sprain and strain, subluxation of the right shoulder, partial thickness subscapularis tear in the right shoulder, severe right shoulder girdle pain, early right adhesive capsulitis and right cervical radiculopathy versus brachial plexopathy. The treatment plan was for a consultation with orthopedic spine for cervical spine. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with orthopedic spine for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004) Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The California MTUS Guidelines indicated that office visits should be determined by a review of the injured worker's signs and symptoms, clinical stability, reasonable physician judgment and physical examination findings. Based on the clinical documentation submitted for review, it was stated that the injured worker had undergone cervical spine surgery on 09/12/2014. However, no complaints were made regarding cervical spine. Therefore, the requested orthopedic consultation for the cervical spine would not be supported. Furthermore, a clear rationale was not provided for the medical necessity of the request. Therefore, the request is not supported. As such, the request is not medically necessary.