

Case Number:	CM14-0207822		
Date Assigned:	12/19/2014	Date of Injury:	10/08/2012
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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:

This is a 28-year-old male with a 10/08/12 date of injury, when he lifted a heavy object and heard pop in the left shoulder. The patient underwent left shoulder arthroscopic decompression with an acromioplasty and release of the coracoacromial ligament in 01/2013. The patient was seen on 10/29/14 with complaints of pain in the left shoulder and limited range of motion of the left shoulder with aggravation with certain movements and popping. Exam findings revealed diffuse tenderness of the left shoulder muscle mass and subacromial area, good LUE strength, positive impingement sign, and subacromial tenderness. The range of motion of the left shoulder was limited with flexion to 120 degrees and abduction at 90 degrees with pain. The patient was seen on 12/08/14 with complaints of pain in the left shoulder. The progress note stated that the patient underwent "extensive conservative treatment" and was noted to be on Ibuprofen 800mg. The exam of the left shoulder revealed full range of motion, intact RC power, tenderness over the bicipital groove, and positive impingement, relocation and apprehension tests. The diagnosis is status post arthroscopy of the left shoulder, left shoulder impingement syndrome, left shoulder strain, and left shoulder pain. MRI of the left shoulder dated 7/31/14 revealed: intact left rotator cuff and left glenoid labrum; status post left subacromial decompression with an acromioplasty and release of the coracoacromial ligament and mildly lateral downsloping orientation of the left acromion and a trace amount of fluid in the left subacromial subdeltoid bursa, which may represent bursitis. Treatment to date: left shoulder surgery, work restrictions, "extensive conservative treatment", and Ibuprofen. An adverse determination was received on 11/17/14 given that there have been no recent orthopedic records provided for the review and no documentation of issues concerning the initial orthopedic opinion or treatment recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedic Specialist for second opinion, left shoulder: Upheld

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

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 Consultations, page 127

Decision rationale: CA MTUS for Consultations recommends that 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. The request was for a second orthopedic specialist opinion however; the first orthopedic opinion and recommendations were not available for the review. In addition, there is no rationale with clearly specified goals with regards to the additional orthopedic opinion. Additionally, it is not clear if any treatment was recommended by the ortho specialist and if the patient tried and failed that treatment. Therefore, the request for Consultation with Orthopedic Specialist for second opinion, left shoulder was not medically necessary.

Unspecified treatment with Orthopedic Specialist for second opinion, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: The American College of Occupational and Environmental Medicine (ACOEM) Second Edition, 2004, 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 Chapter Office Visits.

Decision rationale: CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. However, the requested treatment with an orthopedist was not specified. In addition the first orthopedic opinion and recommendations were not available for the review. Lastly, there is no rationale with clearly specified goals with regards to the treatment with orthopedic specialist. Therefore, the request for an unspecified treatment with Orthopedic Specialist for second opinion, left shoulder was not medically necessary.

