

Case Number:	CM14-0063444		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2012
Decision Date:	01/26/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 left shoulder, right shoulder, and low back pain reportedly associated with an industrial injury of October 5, 2012. In a Utilization Review Report dated April 24, 2014, the claims administrator failed to approve requests for an orthopedic consultation for the left shoulder, right shoulder, and lumbar spine. The claims administrator stated that its decision was based on paucity of supporting information furnished by the attending provider. The claims administrator referenced progress notes of March 1, 2014 and January 7, 2013 in its denial. The claims administrator's rationale, it is incidentally noted, was equally sparse and seemingly based on non-MTUS Chapter 7 ACOEM Guidelines, which were mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On an October 11, 2013 progress note, the applicant received acupuncture, manual therapy, myofascial release therapy, infrared therapy for reported issues with lumbar myospasms. In a medical progress note dated November 4, 2013, the applicant reported ongoing complaints of low back and shoulder pain, 5-6/10. Topical compounds, a pain management referral, orthopedic referral, acupuncture, and manipulative therapy were endorsed. Work restrictions were also endorsed, although it did not appear that the applicant was working with said limitation in place. In a handwritten note dated December 2, 2013, the applicant reported 4-5/10 shoulder and low back pain. Acupuncture, manipulative therapy, topical compounded agents, orthopedic referral, pain management referral, and urine drug testing were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. MRI imaging of the left shoulder dated December 20, 2013 was notable for evidence of prior rotator cuff repair with partial-thickness tearing of the distal supraspinatus tendon and infraspinatus tendon. MRI imaging of the right shoulder of December 20, 2013 was notable for near-complete, full-thickness tear of the supraspinatus

tendon with partial-thickness tearing of the infraspinatus and subscapularis tendons. Lumbar MRI imaging of December 17, 2013 was notable for multilevel disk protrusions of uncertain significance, most prominent at L5-S1, where a 6.7-mm disk protrusion with associated SI nerve root displacement was appreciated. On December 18, 2013, the applicant received a fifth session of extracorporeal shockwave therapy. On April 1, 2014, the applicant was kept off of work, on total temporary disability, owing to ongoing complaints of back and shoulder pain. Additional physical therapy and an orthopedic referral were endorsed, along with topical compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation - left and right shoulder and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant is off of work, earlier physical therapy, manual therapy, manipulative therapy, acupuncture, extracorporeal shockwave therapy, topical compounds, etc., have all proven unsuccessful. The applicant has evidence of rotator cuff tears about both left and right shoulders which theoretically be amenable to surgical correction, along with fairly high-grade disk protrusion at L5-S1 with associated nerve root displacement which could likewise be amenable to surgical correction. Obtaining the added expertise of an orthopedist to determine the applicant's suitability for surgical or other invasive procedures is indicated in the clinical context present here. Therefore, the request is medically necessary.