

Case Number:	CM15-0003712		
Date Assigned:	01/14/2015	Date of Injury:	08/19/2013
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male who reported an injury on 08/19/2013. The mechanism of injury was reportedly when he was pushing a 4 yard dumpster up a hill when 2 of the wheels got caught in a hole and it went up in the air and struck him in the neck and left shoulder causing him to fall to the ground. His diagnoses include chronic cervical pain with cervical disc bulges at C4-5 and C5-6 with some left neural foraminal encroachment, chronic left shoulder pain, chronic right shoulder sprain, right medial and lateral epicondylitis, probable ulnar neuropathy at the right elbow, bilateral upper extremity dysesthesias, and probable chronic post-traumatic headaches. Past treatment was noted to include chiropractic therapy, psychiatric evaluation, pain management, physical therapy, injection, and activity modifications. Diagnostic studies included an EMG/NCV that was noted to reveal no evidence of cervical radiculopathy. On 11/12/2014, it was indicated the injured worker had complaints of pain to his neck and left shoulder. Upon physical examination, it was noted the injured worker had decreased range of motion to the left shoulder measuring 90 degrees on abduction, 45 degrees on extension, and 100 degrees on flexion. It was also indicated that he had tenderness to the left rotator cuff and infraspinatus lesion. On physical examination of his cervical spine, it was indicated he had 20 degrees of extension, 60 degrees of bilateral rotation, and lateral flexion bilaterally was 10 degrees. It was noted he had paracervical tenderness from C2 to C7-T1. Relevant medications are noted to include ibuprofen. The treatment plan was noted to include tramadol, discontinuation of ibuprofen, orthopedic and neurosurgeon consultation, and repeat EMG/NCV. A request was

received for orthopedic surgeon consultation left shoulder and neurosurgeon consultation cervical spine without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgeon Consultation Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: According to the California MTUS /ACOEM Guidelines, referrals are recommended for functional recovery and return to work. The clinical documentation submitted for review indicated the injured worker had complaints of pain and functional deficits to the left shoulder despite multiple previous modalities. Accordingly, the request is supported by the evidence based guidelines. As such, the request for orthopedic surgeon consultation left shoulder is medically necessary.

Neurosurgeon Consultation Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 209. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: According to the California MTUS /ACOEM Guidelines, referrals are recommended for functional recovery and return to work. The clinical documentation submitted for review indicated the injured worker had complaints of pain and functional deficits to the left shoulder despite multiple previous modalities. Accordingly, the request is supported by the evidence based guidelines. As such, the request for neurosurgeon consultation cervical spine is medically necessary.