

Case Number:	CM15-0109764		
Date Assigned:	06/16/2015	Date of Injury:	03/23/2015
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 57-year-old female, who sustained an industrial injury on 03/23/2015. She has reported injury to the right shoulder. The diagnoses have included sprain/strain right shoulder; right rotator cuff/supraspinatus/biceps tendon tear; and right bicipital tenosynovitis. Treatment to date has included medications, diagnostics, sling, icing, and activity modification. Medications have included anti-inflammatories, Hydrocodone/Acetaminophen, Tramadol, and Ambien. A progress report from the treating physician, dated 05/07/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right shoulder pain; the pain is described as an achy burn when at rest, which increases when ranging it in the wrong directions; restricted range of motion; she experiences numbness radiating down the arm to the fingers; her right elbow has been recently aching; and she has difficulty sleeping through the night due to pain in the shoulder. Objective findings included tenderness to the right biceps tendon; and decreased range of motion to the right shoulder. The treatment plan has included the request for 1 surgical consult and treatment for the right shoulder as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgical Consult and Treatment for the right shoulder as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient was injured on 03/23/15 and presents with right shoulder pain. The request is for 1 SURGICAL CONSULT AND TREATMENT FOR THE RIGHT SHOULDER AS AN OUTPATIENT. The utilization review denial letter rationale is that "the patient had shoulder surgery in March, and has no documented conservative care. The request for a surgical consultation is therefore premature. " There RFA provided is dated 05/07/15 and the patient's current work status is not provided. ACOEM Practice Guidelines, 2nd Edition (2004), page 127, has the following: "Occupational health practitioner may refer to other specialists if the 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 patient has a restricted right shoulder range of motion and has numbness which radiates down the arm to the fingers. She is diagnosed with sprain/strain right shoulder; right rotator cuff/ supraspinatus/biceps tendon tear; and right bicipital tenosynovitis. Treatment to date has included medications, diagnostics, sling, icing, and activity modification. The reason for the request is not provided. It appears that the patient already underwent shoulder surgery; however, there is no indication of how the patient is doing after the procedure or why the patient needs another surgery. Due to lack of documentation and explanation as to what the treatment is to entail, the requests ARE NOT medically necessary.