MAXIMUS Federal Services

Case Number:	CM15-0139835		
Date Assigned:	07/29/2015	Date of Injury:	12/12/2012
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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, Pain Management

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 was a 45 year old female, who sustained an industrial injury, December 12, 2012. The injured worker previously received the following treatments left shoulder MRI, right shoulder MRI, chiropractic services for the left shoulder and epidural injection. The injured worker was diagnosed with status post left shoulder scope, lumbar spine with left lower extremity radiculopathy, and facet osteoarthrosis of L4-S1 with disc bulge at L4-S1, bilateral foot metatrasalgia, status post right bunionectomy and hammer toe repair. According to progress note of June 12, 2015, the injured worker's chief complaint was left shoulder pain with popping and clicking. The right shoulder with popping and clicking. The low back pain was radiating into the left knee with numbness and tingling. The physical exam noted tenderness in the paraspinals at left S1. The straight leg raises caused back pain. The left shoulder had tenderness at SA, AC and SST joints. The cross arm testing was positive. There was positive impingement. The treatment plan included consultation with an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation with an orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-10.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, it is apparent that the worker continues with significant pain in the right shoulder which is felt to be possibly due to compensatory pain. The patient has had MRI of the right shoulder on 5/11/15 which demonstrated supraspinatus partial tear, glenohumeral athropathy, and biceps tenosynovitis. Given this clinical picture, it is reasonable to seek an orthopedic consultation that can provide additional insight and options for this worker. Therefore the request is medically necessary.