

Case Number:	CM15-0141861		
Date Assigned:	07/31/2015	Date of Injury:	05/12/2014
Decision Date:	09/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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 is a 43 year old male, who sustained an industrial injury on 06-12-2014. He has reported injury to the bilateral shoulders. The diagnoses have included left shoulder pain; acromioclavicular joint arthritis; SLAP (superior labrum anterior and posterior) lesion; status post left shoulder SLAP repair, subacromial decompression, and Mumford procedure; right shoulder pain; tenosynovitis shoulder; right shoulder partial-thickness rotator cuff tear, subacromial impingement syndrome, and acromioclavicular joint arthritis; and status post right shoulder arthroscopic SLAP repair, subacromial decompression and acromioplasty, Mumford procedure, and extensive debridement of the glenohumeral humeral joint. Treatment to date has included medications, diagnostics, bracing, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol ER, Hydrocodone, Naproxen, and Omeprazole. A progress note from the treating physician, dated 06-03-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is doing well, status post right shoulder surgery; and he is having some issue of soreness and stiffness in his left shoulder, as he has been using it primarily since surgery. Objective findings included the right shoulder incisions are without erythema or drainage; he is distally neurovascularly intact; steri-strips were applied to his wound; and his left shoulder examination is 3-month shoulder template. The treatment plan has included the request for referral to orthopedic specialist for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic specialist for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in June 2014 and is being treated for bilateral shoulder pain. The claimant was seen for a pre-op evaluation on 05/22/15. Shoulder surgery was pending. There were no current complaints. Physical examination findings included a normal examination of the neck. Two days before, a requested was submitted for an orthopedic evaluation of the claimant's cervical spine. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant had no cervical spine complaints or physical examination findings two days after the request was made. The reason for the referral is not described. The request is not medically necessary.