

Case Number:	CM15-0144304		
Date Assigned:	08/05/2015	Date of Injury:	10/17/2012
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 10-17-12. The diagnoses have included exacerbation of left shoulder pain with tendinosis and impingement, cervical myofascial pain. Treatment to date has included medications, activity modifications, diagnostics, heat, injections and physical therapy. Currently, as per the physician progress note dated 6-3-15, the injured worker complains of increased neck and shoulder pain on the left side with difficulty positioning the upper back and worsening insomnia. There is severe pain with any activity of the left upper extremity above the shoulder level. The current medications included Norflex. The diagnostic test included Magnetic Resonance Imaging (MRI) of the left shoulder. There is no diagnostic report noted in the records. The physical exam reveals moderate distress due to pain and there is marked reduction in the left shoulder range of motion noted with a positive impingement sign. The physician notes that the injured worker has failed courses of physical therapy, more than one shoulder injection and despite oral medications the shoulder complaints have remained and are consistent with the pathology noted on the Magnetic Resonance Imaging (MRI). The physician requested treatment included 2nd Opinion Orthopedic Evaluation for Left Shoulder to see if the injured worker is a candidate to undergo arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion Orthopedic Evaluation for Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing shoulder pain despite conservative therapy. The referral for a second opinion orthopedic specialist would thus be medically necessary and approved.