

Case Number:	CM15-0144444		
Date Assigned:	08/05/2015	Date of Injury:	04/15/2014
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
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 (IW) is a 44-year-old female who sustained an industrial injury on 04-15-2014. Diagnoses include right shoulder partial-thickness rotator cuff tear; right shoulder acromioclavicular joint arthrosis; and right shoulder subacromial impingement syndrome. Treatment to date has included medications, shoulder injections, surgery and physical therapy. According to the progress notes dated 4-10-2015, the IW reported constant right shoulder pain rated 8 out of 10. She was taking Ibuprofen as needed. On examination, grip strength (in pounds) was 18-10-11 on the right and 21-19-22 on the left. There was tenderness to palpation over the acromioclavicular joint and over the anterior lateral acromion. Cross body, adduction test was positive. Active range of motion was decreased in all planes except extension. Neer impingement and Hawkins signs were positive. Rotator cuff strength was reduced in the supraspinatus and the infraspinatus. Sensation was normal in the bilateral upper extremities. A cortisone injection was given in the subacromial space for the IW's severe right shoulder pain. A request was made for a consultation with a neurologist, for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurologist, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 268. Decision based on Non-MTUS Citation ACOEM Second edition, 2014, page 112, 127, Official Disability Guidelines, Carpal tunnel syndrome.

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

Decision rationale: 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 does have continued and ongoing shoulder pain. The medical records provided do not indicate any major neurologic disease associated with the shoulder pain. Therefore, a consult with a neurologist is not medically necessary.