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| Case Number: | CM15-0161281 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 03/22/2012 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 07/15/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 51 year old male who sustained an industrial injury on 3-22-12. His initial complaints are unknown. However, the PR-2 dated 7-14-15, indicates that he "lost consciousness and does not recall" the events of the injury. The injury was sustained due to a fall. Reportedly, his back was struck against concrete and he landed on his knees. He was hospitalized for approximately one month following the injury. His treatment to the date of the PR-2 included acupuncture and aquatic therapy, as well as medications. He has undergone diagnostic studies, including MRI of the lumbar, thoracic, and cervical spine, x-rays of the cervical and lumbar spine, as well as bilateral knees, an MRI of the left shoulder and left knee, an MRI of the brain, CT scans of the chest, thoracic and lumbar spine, the brain, and abdomen and pelvis. His diagnoses include disc bulges at L4-5 and L5-S1 with left S1 impingement, facet arthropathy, and lower extremity radiculopathy. The treatment recommendation indicated that the lumbar spine was "non-surgical". It states the provider "would like to address the cervical spine symptoms and recommended his referral for the left knee and left shoulder. He has been scheduled for arthroscopic surgery". Pain medications were being provided. A request for authorization of facet blocks C5-6 and C6-7 was made. He underwent arthroscopic surgery of the left knee on 7-15-15. The 6-22-15 orthopedic report indicates that the injured worker had undergone a medial branch block, which was "non-diagnostic". He also had an injection in his left shoulder on his last evaluation, which decreased his pain from "8 out of 10" to "5 out of 10". He continued to complain of neck pain, but no radiation noted. His diagnoses included medial posterior horn tear of the left knee, L4-S1 moderately severe disc degeneration, T6, T7, T8, and

T9 compression fractures with signal change, anterior cruciate ligament tear of the left knee with degenerative joint disease, left shoulder arthritis, labral tear of the left shoulder, cognitive dysfunction, status-post closed head injury, depression and anxiety, right knee generative joint disease, compensatory, and left leg radiculopathy. The treatment recommendation was to request facet blocks at C5-6 and C6-7 due to ongoing pain, to request authorization for a left knee arthroscopy with medial meniscectomy per the orthopedic surgeon's recommendation, which would include postoperative physical therapy and medical clearance, to request authorization for the orthopedic surgeon to evaluate and provide treatment for the left shoulder. It was noted that he had "only about 40% improvement following the subacromial injection". He was to continue to take his medications and an updated MRI of the thoracic spine was requested. On 7-14-2015, Utilization Review non-certified the request for evaluation and treatment of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment for left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-196, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Ch 7 Independent Medical Examinations and Consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, he has multiple orthopedic issues that have been under consultation. He had a left shoulder injection that provided temporary pain relief from 8/10 to 5/10 on the visual analog scale note 6-22-15. Treating provider notes from 7-14-15 state that the injured worker is awaiting repeat evaluation by orthopedics for his persistent left shoulder pain. Based on the guidelines cited, evaluation and treatment of the left shoulder is medically necessary and appropriate.