MAXIMUS Federal Services

Case Number:	CM15-0165296		
Date Assigned:	08/28/2015	Date of Injury:	05/16/2013
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62-year-old female who sustained an injury on 5-16-13. The initial symptoms and complaints from the injury are not included in the medical reports. Diagnoses are lumbosacral sprain, strain and shoulder sprain, strain. The progress report 6-12-15 from the chiropractor includes job duties were changed back to machine operator and she reports some increased pain this month with her low back, left shoulder pain radiating to left mid back and lower neck. The chiropractor is requesting left shoulder MRI and orthopedic evaluation of the left shoulder. The Progress report from 7-22-15 documents the IW has some increased pain this month with her low back that is now constant and left shoulder pain radiating to the left mid-back and lower neck. Objective findings include tenderness to lumbar paraspinal muscles rated 4 out of 5; left rotator cuff muscle rated 4 out of 5; left trapezius rated 4 out of 5; and left deltoid rated 3 out of 5. The lumbar range of motion is slightly restricted; with 4 out of 10 pain on flexion and 3 out of 10 on extension. Also documented are shoulder depression on the left; Infra Spinatus test weakness and pain; left shoulder active range of motion slightly restricted with some sharp pain on full abduction add on reaching the hand behind the low back; left shoulder shows biceps tendon disruption and multiple degenerative changes. The chiropractor is requesting authorization for 6 physical therapy sessions; medical doctor for prescription medications; and an orthopedic evaluation of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation for left shoulder, quantity: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines:Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario that is difficult to treat. Given the multiple body areas involved in chronic pain and treatment, it is reasonable to seek assistance from an orthopedic surgeon to ensure a single point of care with respect to treatment modalities and imaging. In the opinion of this reviewer, the request for orthopedic surgery follow up is warranted, however, open-ended approval is not considered medically appropriate, and continued clear planning should be documented by orthopedics to warrant further visits. Therefore, this request is medically necessary.