

Case Number:	CM15-0169310		
Date Assigned:	09/10/2015	Date of Injury:	06/05/2015
Decision Date:	10/07/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This 55 year old male sustained an industrial injury to the left shoulder on 6-5-15. Magnetic resonance imaging left shoulder (7-6-15) showed moderate degenerative changes at the acromial joint, supraspinatus and infraspinatus tendinosis with low grade tearing at the supraspinatus footprint, a noncertified-displaced fracture of the greater tuberosity, a possible Bankart lesions and mild subacromial and subdeltoid bursitis. Previous treatment included one session of physical therapy and medications. In a Doctor's First Report of Occupational Injury dated 8-10-15, the injured worker complained of left shoulder pain rated 10 out of 10 on the visual analog scale without medications and 7 out of 10 with medications, left arm and hand pain with associated paresthesia and neck pain and stiffness, rated 6-8 out of ten. The injured worker reported that he had only been able to perform one physical therapy session due to pain. Physical exam was remarkable for cervical spine with intact range of motion with the exception of mildly decreased extension, left shoulder with decreased and painful range of motion, positive left shoulder depression and Jackson's test, positive bilateral supraspinatus test, segmental dysfunction at C5-6 and T3-4, decreased left upper extremity strength and decreased left grip strength and marked tenderness to palpation to the left shoulder and periscapular region. Current diagnoses included left shoulder rotator cuff tear, left greater tuberosity fracture, cervical intervertebral disc syndrome, brachial neuritis, cervical spine sprain and strain, thoracic spine sprain and strain, segmental dysfunction of cervical spine and thoracic spine, myalgia and adhesive capsulitis. The treatment plan included requesting authorization for 6 sessions of chiropractic therapy, a referral to a physical medicine and rehabilitation (PM&R) specialist, an orthopedic consultation and a left upper extremity electromyography and nerve conduction velocity test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physical Medicine and Rehabilitation specialist, left shoulder and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines 2nd Edition (2004) Chapter 7) page 127.

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 injury in June 2015 when, while working as a plumber, he sustained a left shoulder dislocation. The shoulder was reduced in an Emergency Room. He was subsequently prescribed tramadol, provided with a shoulder sling, and underwent an MRI of the shoulder on 07/06/15 with findings of a probable Bankart lesion. He had an orthopedic evaluation. He is at modified work. When seen, he was having worsening symptoms. He had attended only one physical therapy treatment session. Physical examination findings included decreased and painful shoulder range of motion. There was decreased cervical spine range of motion. He had decreased left upper extremity strength and decreased grip strength. There was decreased left upper extremity sensation. Shoulder depression testing and Jackson's testing was positive on the left. There was moderate cervical thoracic paraspinal muscle tension and moderate to marked left shoulder and periscapular tenderness. There were multiple segmental dysfunctions. Authorization for chiropractic treatments, a second orthopedic opinion, electrodiagnostic testing, and a physical medicine and rehabilitation referral for pain management were requested. Tramadol was being prescribed which was helping to decrease pain from 10/10 to 7/10. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant was also referred for chiropractic treatments and, although there is limited evidence to support manipulative procedures of the shoulder, it is a recommended treatment. A second orthopedic evaluation was requested. Without assessing his response to the chiropractic treatments or having the results of the orthopedic evaluation, requesting another consult from a physical medicine and rehabilitation provider was not medically necessary.