

Case Number:	CM15-0169516		
Date Assigned:	09/10/2015	Date of Injury:	12/11/2012
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
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: California

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 54 year old male-female, who sustained an industrial-work injury on 12-11-12. A review of the medical records indicates that the injured worker is undergoing treatment for persistent rotator cuff tendinopathy-capsulitis of the left shoulder with history of prior arthroscopic debridement 4-15-13. Medical records dated 7-21-15 indicate that the injured worker complains of left shoulder pain with persistent discomfort and limitation in regards to the left shoulder. Per the treating physician, report dated 7-21-15 the employee has remained on modified work duty. The physical exam dated 7-21-15 reveals positive impingement and impingement re-enforcement present at the left shoulder. There is some discomfort with isolated supraspinatus testing as well as mild tenderness along the bicipital groove. There is also mild discomfort with Speed's testing. Treatment to date has included pain medication; left shoulder surgery dated 4-15-13, work modifications, physical therapy (unknown number), home exercise program (HEP) and other modalities. The medical record dated 7-21-15, the physician writes that the X-Ray of the left shoulder obtained today shows that "the glenohumeral joint is well maintained. There is some moderate arthrosis of the acromioclavicular joint (AC). "There were limited records submitted for review. The original Utilization review dated 8-19-15 denied a request for Further treatment, left shoulder as further treatment was not specified in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Further treatment, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004,
Section(s): Follow-up Visits.

Decision rationale: The MTUS/ACOEM Guidelines comment on the need for follow-up visits for patients with shoulder complaints. These guidelines state the following: "Patients with shoulder complaints can have follow-up every three to five days by an appropriate health professional who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. The practitioner should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone. Physician follow-up generally occurs when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working." In this case, while the guidelines support follow-up visits, the request for "further treatment" is too nonspecific to assess. The office visit of 7/21/2015 mentions prior treatments to the shoulder; however, the specifics of these treatments are not included. It appears that the patient underwent a surgical procedure along with physical therapy; however, it is unclear how many sessions of physical therapy were conducted and what were the outcomes of these treatments. Without more specific information on the nature of the prior treatment and its outcomes and the nature of the future treatment being proposed for this patient's chronic shoulder condition, there is insufficient evidence to support "further treatment" of the left shoulder. Until there is more evidence provided and clarification on the nature of the treatment proposed, "further treatment" of the left shoulder is not medically necessary.