

Case Number:	CM15-0182277		
Date Assigned:	09/23/2015	Date of Injury:	06/04/2003
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Arizona, 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 (IW) is a 63-year-old female who sustained an industrial injury on 06/04/2003. Medical records indicate the worker has right shoulder pain status post right shoulder surgery times one with Arthroplasty , labral debridement and cuff repair(date not given). A MRI of 06-06-2007 showed mixed signal changes in the supraspinatus tendon. A debridement of calcium deposits and debridement of partial rotator cuff tear was done 2008 with a post-operative Keloid formation. MRI of the left shoulder 05-21-2013 showed mild tendinosis of the supraspinatus muscle and artifact from prior surgeries. According to provider notes (08-31-2015), she has been unable to obtain Flector patches and Ultram and has had an increase in pain and functional limitations. The impression of 08-31-2015 is of impingement syndrome right shoulder, adhesive capsulitis right shoulder, and calcific tendinitis right shoulder. On 08-31-2015 she had worsening range of motion of the shoulder with increased pain "likely associated with adhesive capsulitis". The injured worker was diagnosed as having rotator cuff syndrome. In the provider notes of 08-31-2015, the injured worker complains of aching, burning, deep, dull, episodic soreness and stiffness in the right shoulder. She experiences numbness, and tingling that shoots down the arm. Rest improves the condition, and throwing worsens the condition. The pain is worse at night. She rates her pain at a 4-5 on a scale of 0-10. Treatment to date has included physical therapy and prescription medications. Her last consultation with a shoulder surgeon was 11-8-2011. The plan is for a consult with a shoulder surgeon, and a request for medications. Her active medications are Celebrex, Flector patches, Prilosec, Tramadol, and Zorvolex. A request for authorization was submitted for Prilosec 20mg#30 with 3 refills, Celebrex 200mg #30 with 3 refills, and a Consult with MPN shoulder surgeon. A utilization review decision 09-09-2015 approved the requests for Prilosec and Celebrex and modified the consultation request to approve a Consult with MPN shoulder surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with MPN shoulder surgeon: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had prior shoulder surgeries several years ago. The claimant has increasing shoulder pain and difficulty with range of motion. Rather than repeating injury, providing analgesics or minimally invasive procedures for short-term relief, a consultation with an orthopedic surgeon is appropriate. This request is medically necessary.