MAXIMUS Federal Services

Case Number:	CM15-0183033		
Date Assigned:	09/23/2015	Date of Injury:	02/27/2015
Decision Date:	10/29/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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: Montana
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:

This is a 45 year old male construction worker whose date of injury was 2-27-2015. The records also document a date of injury of 6-2-2014. The medical records (7-27-2015) indicated the injured worker was treated for pain in the left shoulder, left ankle, neck and low back. His main pain was the left shoulder and left ankle. On physical examination the injured worker had positive impingement test of the left shoulder. He had 3+ tenderness over the acromioclavicular joint, coracoid process, bicipital groove, deltoid bursae and glenohumeral joint on the left. His gross muscle strength was 4-5 over the left shoulder. He had normal configuration of the left foot and tenderness over the medial and lateral joint line on the left. Previous treatment included seven visits of physical therapy and seven visits of chiropractic therapy. Documentation (5/29/2015) revealed the physical therapy was not helping. An MRI of the left ankle without contrast on May 12, 2015 revealed osteoarthritic changes of the hindfoot and midfoot region, an age-indeterminant sprain of the anterior talofibular ligament and tenosynovitis of the medial and lateral tendon groups. The injured worker was diagnosed as having left ankle sprain-strain and left shoulder impingement syndrome. A request for authorization for a consult and treat with orthopedic physician for left ankle, left shoulder was submitted. On 9-16-2015, the Utilization Review physician determined the medical necessity of the request for a referral to a surgeon had not been clearly demonstrated based on CA MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treatment with orthopedic physician for left ankle, left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, and Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The MTUS, in The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, states that referral for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, or clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Regarding the shoulder, the MTUS states that referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines for Independent Medical Examinations and Consultations, recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. The ACOEM guidelines note that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation service is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act and an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the medical records note that there are symptoms of left shoulder impingement and continued shoulder and left ankle pain despite conservative therapy. MRI of the left shoulder on 5/13/15 did show AC arthritis with down-sloping acromion and supraspinatus tendinitis. MRI of the left ankle on 5/12/15 showed osteoarthritic changes with evidence for ATF ligament sprain and

medial and lateral tendon group tenosynovitis. The primary treating physician, who is a chiropractor, has requested orthopedic consultation, feeling that the injured worker might benefit from additional expertise, possible injections and consideration of possible surgical options. The request for orthopedic consultation is consistent with the MTUS guidelines and is medically necessary.