

Case Number:	CM15-0192724		
Date Assigned:	10/06/2015	Date of Injury:	04/02/2014
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 71 year old female who sustained an industrial injury on 4-2-14. A review of the medical records indicates that she is undergoing treatment for shoulder sprain and strain, cervical disk syndrome, cervical sprain and strain, thoracic sprain and strain, segmental dysfunction of the cervical spine, and segmental dysfunction of the thoracic spine. Medical records (7-27-15 to 9-19-15) indicate ongoing complaints of neck pain and "constant" right shoulder pain, which is worse with movement of her arm. The physical exam (8-31-15) reveals guarding of her right shoulder. Active range of motion of the right shoulder is "limited to 20 degrees or so" on flexion and abduction due to pain. Diffuse tenderness is noted over the antero-lateral shoulder. The orthopedic physical exam (8-28-15) reveals that cervical range of motion is restricted "15% with less pain, more on the right". Reflexes are absent bilaterally. Dermatomes are decreased on the right upper extremity. The right shoulder is "40-45% restrictive in active and passive range of motion". The treating provider indicates, "there was less tenderness and muscle spasm". "Positive Roos test, Apply's test, and supraspinatus press tests and resist test" are noted. The treating provider states that the injured worker "is improving" and has "better range of motion and symptoms in her right arm are less". Diagnostic studies include an MRI of the left shoulder on 4-1-15, an MRI of the cervical spine on 3-26-15, and an MRI of the right shoulder on 7-27-14, indicating "chronic rotator cuff tear, labral tear, and increased humeral head marrow signal suggestive of subtle non-displaced fracture" (8-31-15). Treatment has included physical therapy, chiropractic treatment, an arm sling, and activity modification. The injured worker reports that she requires assistance from her spouse with dressing and household work. The treatment recommendation is for "right shoulder surgery". The utilization review (9-21-15) indicates denial of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s):
Surgical Considerations.

Decision rationale: The request to Independent Medical Review is for a test or treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The request is therefore not medically necessary based on the lack of sufficient indications and details of the request provided by the treating physician. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral with its indications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. In this case, "shoulder surgery" can mean a number of different surgeries. The request is not medically necessary.