MAXIMUS Federal Services

Case Number:	CM15-0192922		
Date Assigned:	10/07/2015	Date of Injury:	01/20/2015
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation

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 32 year old male with an industrial injury date of 01-20-2015 (cumulative trauma 11-02-2011 - 01-27-2015). Medical record review indicates he is being treated for cervical spine sprain-strain with radiculitis, rule out herniated disc, lumbar spine sprain-strain with radiculitis, rule out herniated disc, bilateral shoulders impingement syndrome, bilateral ulnar neuritis and right shoulder recurrent anterior instability. Subjective complaints (07-08-2015) included pain in the neck, low back shoulder and right elbow with the right shoulder pain being the main complaint. His pain rating is documented as 2-3 out of 10 on the visual analogue scale. Disability status (07-08-2015) is documented as permanent and stationary. Prior treatments: The treating physician documented in the 06-12-2015 note: "Patient has failed all forms of non-operative treatments including rest, ice and physical therapy massage." Medical record review does not indicate the number of physical therapy treatments. Other treatments included extracorporeal shockwave therapy (shoulder impingement). Diagnostics included MRI of the right shoulder without contrast (05-04-2015) with the following impression documented by the radiologist: There are arthritic changes of the glenohumeral joint of a moderate degree with moderate-grade chondromalacia. There is tendinosis and peri- tendinitis of the supraspinatus tendon with no rotator cuff tear. There is no fracture or dislocation. Physical exam (07-08-2015) of the right and left shoulders revealed tenderness above the anterior shoulder capsule. Range of motion is documented as "adequate" with pain at terminal end-range along with some apprehension with external rotation. "I was not able to fully appreciate shoulder instability." Right and left elbow exam revealed tenderness over the lateral epicondyle. Tinel's sign over the right cubital tunnel region (left greater than right)

was positive and Cozen's test was positive bilaterally. Cervical spine exam revealed 3 plus tenderness over the paraspinal muscles, trapezius and parascapular muscles bilaterally. There was 3 plus tenderness to palpation over the cervical spine process from cervical 4-cervical 7. Cervical compression test was positive, bilaterally. Shoulder depression test was positive bilaterally. The treatment plan included MRI of the right shoulder, authorization for orthopedic consultation for the right shoulder for possible injections and surgical considerations and home exercise program and gym exercise. On 09-04-2015 the request for one orthopedic consultation as related to the right shoulder injury, as outpatient was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One orthopedic consultation as related to the right shoulder injury, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7 page 127.

Decision rationale: The patient presents with pain in the neck, low back, right shoulder and right elbow. The request is for one orthopedic consultation as related to the right shoulder injury, as outpatient. Physical examination to the bilateral shoulders revealed tenderness to palpation to the anterior shoulder capsule. Range of motion was inadequate with pain at terminal ends range. Patient's treatments have included physical and chiropractic therapy, injections, image studies, and shockwave therapy. Per 07/08/15 Request For Authorization form, patient's diagnosis include lumbar radiculitis, cervical radiculitis, bilateral shoulder impingement, and bilateral ulnar neuritis. Patient is permanent and stationary. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health 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. A referral may be for consultation 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." In progress report dated 07/08/15, the treater is requesting authorization for an orthopedic consultation for the right shoulder for possible injections and surgical considerations. The patient continues with pain in the right shoulder and is diagnosed with bilateral shoulder impingement. Given the patient's persistent shoulder pain, the request for an orthopedic consultation appears reasonable and within ACOEM guidelines. Therefore, the request is medically necessary.