

Case Number:	CM15-0192961		
Date Assigned:	10/07/2015	Date of Injury:	11/06/2013
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
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, 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 34 year old male who sustained an industrial injury on 11-5-13. A review of the medical records indicates he is undergoing treatment for headaches - cephalgia, cervical spine sprain and strain, cervical spine radiculopathy, bilateral shoulder internal derangement, thoracic spine pain, low back pain, radiculitis of the lower extremity, right ankle pain, status post right ankle surgery, and right foot pain. Medical records (7-13-15 to 9-1-15) indicate ongoing complaints of "moderate" headaches with associated neck pain, intermittent, "moderate" pain and stiffness in the neck with radiation to the shoulders, hands, fingers, and upper back with associated numbness and tingling in the hands and fingers, constant, "moderate" pain and tightness in the upper back, constant, "moderate" low back pain, frequent, "nagging" bilateral shoulder pain, and constant, "moderate" pain in the right ankle and foot. The physical exam (9-1-15) reveals tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles, thoracic paravertebral muscles, lumbar paravertebral muscles, and the bilateral lateral shoulders. Kemps, Vlasalva's, Yergason's, Hawkin's tests cause pain. The left shoulder is noted to have decreased and painful range of motion. In addition to the above-noted tests, Speed's and Supraspinatus Press also cause pain. Diagnostic studies have included urine drug screening and bilateral shoulder MRIs on 7-20-15. The left shoulder MRI revealed a full thickness supraspinatus tendon tear with 6.1 millimeter tendon retraction, a partial intrasubstance tear of the infraspinatus, subacromial-subdeltoid bursitis, and mild acromioclavicular joint osteoarthritis. The MRI of the right shoulder revealed a partial articular surface tear of the supraspinatus, infraspinatus, and subscapularis, as well as mild acromioclavicular joint osteoarthritis. Treatment has included acupuncture, physiotherapy,

chiropractic treatment, as well as medications. Recommendations for shockwave therapy and localized intense neurostimulation therapy were made on 8-3-15. It is unclear if these recommendations were approved authorization. The utilization review (9-16-15) includes a request for authorization for an initial surgical consultation for the left and right shoulder. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical initial consultation (left/right shoulder): Overturned

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

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

Decision rationale: Based upon the CA MTUS Shoulder Chapter pgs 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. In this case the MRI's of the right and left shoulder do show the existence of potentially surgical lesions and thus the recommendation is for certification. The request is medically necessary.