

Case Number:	CM15-0195541		
Date Assigned:	10/09/2015	Date of Injury:	05/05/2009
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: Florida, New York, Pennsylvania
 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 is a 60 year old female, who sustained an industrial injury on 5-5-2009. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain. On 8-19-15, she complained of ongoing pain in the neck, upper back and bilateral shoulders. The physical examination documented cervical tenderness in the cervical spine muscles and right shoulder. There was painful range of motion noted in bilateral shoulders. On 8-20-15, on the visit addendum, the provider documented a recent decrease in Hydrocodone to return to the chronic dosage of one to two tablets daily, was discussed. The plan of care included ongoing medication therapy. The appeal requested authorization for an Osteo specialist initial consultation for the right shoulder and left shoulder (second opinion). The Utilization Review dated 9-16-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteo specialist Initial Consult for Right Shoulder, Left Shoulder (Second Opinion):
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Surgical Considerations.

Decision rationale: The members DOI is listed as 5May09. The associated diagnoses are listed as chronic cervical strain, chronic shoulder strain and cervical radiculopathy. The patient is reported to have had surgery on the right shoulder that has failed to resolve the underlying problem. Examination reported pain at rest and painful ROM of both shoulders as well as tender cervical spine. The patient had been approved for Cognitive Behavioral Therapy. The available hand written notes are difficult to interpret but there is nothing provided that suggests there is confusion with regard to the underlying diagnosis or treatment plan or a significant change in the condition or a return to work. The request was made for a second opinion with regard to the patients shoulder problems (bilateral) from an "Osteo specialist". In the absence of red flags, work-related shoulder complaints can be safely and effectively managed by occupational or primary care providers. The focus is on monitoring for complications, facilitating the healing process, and facilitating return to work in a modified- or full-duty capacity. Physical examination evidence of septic arthritis, neurologic compromise, cardiac disease, or intra-abdominal pathology that correlates with the medical history and test results may indicate a need for immediate consultation. The consultations may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. In the following settings a consultation will make sense: 1 Activity limitation for more than four months, plus existence of a surgical lesion, 2 Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, 3 Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. None of the details of the provided information satisfies the recommendations on the appropriateness of a consultation. The UR Non-certification for the second opinion is supported. Therefore the request is not medically necessary.