

Case Number:	CM15-0196554		
Date Assigned:	10/12/2015	Date of Injury:	07/29/2014
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 45 year old, male who sustained a work related injury on 7-29-14. A review of the medical records shows he is being treated for right shoulder pain. In the progress notes, the injured worker reports neck, upper back and right shoulder pain. He reports numbness and tingling in right shoulder area. He reports a "significant" right shoulder pain since MR arthrogram was done. He reports pain has been the same since then. He rates his pain level a 5-6 out of 10. There have been no major changes in his pain or symptoms. On physical exam dated 7-29-15, he is wearing a right shoulder sling. He has decreased sensation in right shoulder and in some fingertips. He is not working. The treatment plan includes pain medicine and orthopedist consultations. In the Utilization Review dated 9-24-15, the requested treatment of an orthopedist follow-up consultation for right shoulder is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedist follow up consultation (right shoulder): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

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

Decision rationale: The MTUS/ACOEM Guidelines comment on the indications for surgical consultation, with an orthopedic surgeon, for patients with certain shoulder conditions. These guidelines state 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. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The medical records indicate that this patient had previously been evaluated by an orthopedic surgeon on April 14, 2015. The evaluation by the consultant demonstrated a torn subscapularis muscle and surgical evaluation was recommended. The proposed surgery was a decompression and repair of the subscapularis muscle. There is no evidence that the patient was able to follow-up for this surgical evaluation. While the documentation from the primary treating provider is unclear, there is evidence of prior evaluation by an orthopedic surgeon and evidence that the patient was being considered as a surgical candidate. For this reason, an orthopedic follow-up consultation for the right shoulder is considered as medically necessary and appropriate.