

Case Number:	CM15-0200458		
Date Assigned:	10/15/2015	Date of Injury:	05/23/2014
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina, Georgia
 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 48 year old female who sustained an industrial injury on 5-23-14. The injured worker reported right shoulder and right hand discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for shoulder bursitis, shoulder tendonitis, impingement syndrome of shoulder, right shoulder rotator cuff tear and fracture of hand. Medical records dated 9-9-15 indicate right shoulder pain rated at 7 out of 10 and right 5th finger pain rated at 5 out of 10. Provider documentation dated 9-9-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, right shoulder magnetic resonance imaging, physiotherapy, acupuncture treatment, and Naproxen. Objective findings dated 9-9-15 were notable for right shoulder with positive impingement sign, tenderness to palpation at acromioclavicular joint, right hand with edema and tenderness to palpation to distal interphalangeal joint. The original utilization review (9-16-15) partially approved a request for follow-up with doctor for right shoulder arthroscopic surgery rotator cuff repair with debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with doctor for right shoulder arthroscopic surgery rotator cuff repair with debridement: Upheld

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

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

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain good documentation of failure of symptoms to respond to conservative therapy and the referral to an orthopedist for assessment is well established. However, the record does not document the need for "right shoulder arthroscopic rotator cuff repair with debridement" since the orthopedic consultation has not yet taken place and support for any surgery should come from the surgical consultant, The original UR decision was to approve consultation with orthopedist but not to approve any specific surgical procedure until that consultation was completed and the need for any surgery could be appropriately assessed. The submitted request for "follow up with doctor for right shoulder arthroscopic repair with debridement" is not medically necessary and the original UR decision is upheld.