

Case Number:	CM15-0203246		
Date Assigned:	10/19/2015	Date of Injury:	06/16/2000
Decision Date:	12/07/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, 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:

This is a 46 year old male patient, who sustained an industrial injury on 6-16-00. The diagnoses include impingement syndrome of the right shoulder, elbow joint inflammation and chronic pain. Per the notes dated 6-12-15, 7-31-15 and 8-18-15, he had right shoulder and elbow pain. He reported limitation of reaching with arm and motion. He rated his pain 6-10 out of 10. Objective findings on 7-17-15 and 8-18-15 revealed right shoulder abduction 90-120 degrees, right elbow flexion contracture 45 degrees and flexion 90 degrees. Per the PR2 dated 9-21-15, he had complaints of right shoulder and elbow pain. He had limitation of reaching with arm and motion. Objective findings include right shoulder abduction tight after 90 degrees, right elbow flexion contracture 45 degrees and flexion 90 degrees; tenderness along the biceps, rotator cuff and AC joint of the right shoulder. The medications list includes Percocet, protonix, trazodone, OxyContin, Naproxen, Ultracet and Effexor. He had nerve studies in 8/2014 which revealed non-specific findings and he had a neurology consult in 2014. He had right shoulder MRI on 4/22/15 which revealed minimal partial rotator cuff tear; MRA right shoulder dated 7/14/15 which revealed no tearing of the labrum; MRI right elbow dated 6/25/15; MRI right shoulder dated 6/22/15. Treatment to date has included a TENS unit, several right shoulder surgeries (most recent on 5-29-14), post-op physical therapy x 12 sessions and medications. On 7/26/15, there was approval of neurology. The Utilization Review dated 10-6-15, non-certified the request for a consultation with a neurologist and physiatrist for the right shoulder and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurologist, right shoulder and right elbow, per 09/21/15 order:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "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." Per the records provided the patient had a neurology consult in 2014. On 7/26/15, there was approval of a neurology consult. The outcomes of these previous neurology consultations were not specified in the records provided. The rationale for the need of another neurology consultation is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. A detailed physical examination documenting significant neurological deficits is not specified in the records provided. The request for Consultation with a neurologist, right shoulder and right elbow, per 09/21/15 order is not medically necessary or fully established for this patient.

Consultation with a physiatrist, right shoulder and right elbow per 09/21/15 order:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "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." Per the records provided the patient had chronic right shoulder and right elbow pain. He had limitations of reaching with arm and limitations in motion. Objective findings include right shoulder abduction tight after 90 degrees, right elbow flexion contracture 45 degrees and flexion 90 degrees; tenderness along the biceps, rotator cuff and AC joint of the right shoulder. The patient also has a history of multiple right shoulder surgeries. It is medically appropriate to consult a physiatrist to address the right shoulder and elbow symptoms and objective limitations. The request of consultation with a physiatrist, right shoulder and right elbow per 09/21/15 order is medically appropriate and necessary for this patient.