

Case Number:	CM15-0211648		
Date Assigned:	10/30/2015	Date of Injury:	04/02/2004
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 56-year-old male who sustained an industrial injury on 4-2-2004. A review of medical records indicates the injured worker is being treated for central disc protrusion at C5-C6 and C6-C7 measuring 2-3mm, right cervical radiculopathy, cervical stenosis, right cervical facet joint pain, cervical facet joint arthropathy, status post left shoulder surgery, left rotator cuff tear, status post right shoulder surgery, right rotator cuff tendinitis with positive shoulder impingement signs, right rotator cuff tear status post right rotator cuff surgical repair, chronic right shoulder and upper limb pain, low back pain, lumbar disc protrusion, lumbar sprain strain, aggravation of right shoulder pain, and left shoulder pain as a result of overcompensation from the right shoulder injury. Medical records dated 9-3-2015 noted chronic bilateral shoulder pain and right knee pain. The patient had low back pain radiating to bilateral buttock on 10/1/15. Physical examination noted left shoulder and cervical ranges of motion were restricted by pain in all directions. Right knee range of motion was limited by pain in all directions. Physical examination of the lumbar spine on 10/1/15 revealed limited range of motion, tenderness on palpation, positive Patrick, lumbar facet, and pelvic compression test. The remainder of the examination was unchanged from the previous visit. Treatment has included Ibuprofen, Lexapro, Omeprazole, Ambien and Norco since at least 8-28-2014. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history includes bilateral shoulder surgery in 2010 and 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up in 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits - Evaluation and management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Request: Follow up in 4 weeks. 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." The patient had diagnoses of central disc protrusion at C5-C6 and C6-C7 measuring 2-3mm, right cervical radiculopathy, cervical stenosis, right cervical facet joint pain, cervical facet joint arthropathy, status post left shoulder surgery, left rotator cuff tear, status post right shoulder surgery, right rotator cuff tendinitis with positive shoulder impingement signs, right rotator cuff tear status post right rotator cuff surgical repair, chronic right shoulder and upper limb pain, low back pain, lumbar disc protrusion, lumbar sprain strain. The patient had low back pain radiating to bilateral buttocks on 10/1/15. Physical examination noted left shoulder and cervical ranges of motion were restricted by pain in all directions. Right knee range of motion was limited by pain in all directions. Physical examination of the lumbar spine on 10/1/15 revealed limited range of motion, tenderness on palpation, positive Patrick, lumbar facet, and pelvic compression test. The patient's surgical history included bilateral shoulder surgeries in 2010 and 2012. Therefore, this is a complex case and the patient is on controlled substances- Ambien and Norco. The management of this case would be benefited by a Follow up in 4 weeks. The request for referral to a Follow up in 4 weeks is medically necessary and appropriate for this patient.