

Case Number:	CM15-0216785		
Date Assigned:	11/06/2015	Date of Injury:	11/16/2012
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/03/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male who sustained an industrial injury on 11-16-12. Medical records indicate that the injured worker is undergoing treatment for lumbar disc herniation and disc disease, left lumbar five radicular symptoms, lumbar foraminal stenosis, left shoulder greater than right shoulder sprain-strain, full thickness rotator cuff tear right shoulder as per MRI, labial tear right shoulder as per MRI, and rotator cuff tendinosis and impingement as per MRI. Comorbid conditions include obesity (BMI 31.2). The injured worker is currently temporarily totally disabled. Treatment and evaluation to date has included medications, electromyography-nerve conduction study, selective nerve root blocks, MRI of the shoulders, urine drug screen, psychiatric treatments and shoulder injections. The MRI of the right shoulder (5-1-14) showed a small full-thickness right rotator cuff tear and a small superior glenoid labral tear. MRI of the left shoulder (3-18-14) showed moderate tendinosis of the supraspinatus with fraying of the bursal sided fibers, mild tendinosis of the intra-articular biceps, mild subacromial subdeltoid bursitis and mild to moderate acromioclavicular joint degenerative changes. He is being followed by one physician for his back symptoms (primary treating physician) and another for his shoulder symptoms (secondary treating physician). On 9-16-15, the injured worker complained of a fair amount of shoulder pain and low back pain with radiating symptoms and requested another injection to the shoulder, as it had helped before. Current medications included Levothyroxine, Percocet, Losartan, Hydrochlorothiazide, Soma and Lyrica. Objective findings noted that the injured workers shoulders continue to have a significantly limited range of motion due to pain. The injured worker also had significant sacroiliac joint limitation and

numbness in the right foot and calf. There was noted weakness in the bilateral extensor hallucis longus muscles, tibialis, gastrocnemius muscles and quadriceps. The treatment request was for a referral to an orthopedic physician for shoulder injections. The Utilization Review documentation dated 10-2-15 non-certified the request for a referral to an orthopedic physician for shoulder injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic physician for shoulder injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Steroid Injections.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. The provider in this case has requested re-referral to the patient's orthopedic surgeon for treatment of shoulder pain with the expectation the orthopedist may inject the patient's shoulder. However, the request is unclear as it does not specify which shoulder, what will be injected and why an injection needed, that is, what is the diagnosis that requires the injection. Rather it implies that the orthopedic surgeon will decide what treatment, if any, is needed and for what diagnosis after an evaluation has been completed. This is within standards of care for a referral and referral to an orthopedist surgeon at this point in the patient's care does appear to be appropriate. Medical necessity for referral has been established. The request is medically necessary.