

Case Number:	CM15-0034178		
Date Assigned:	03/02/2015	Date of Injury:	07/22/2013
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation

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 64 year old male who sustained a work related injury July 22, 2013. Past history included right shoulder arthroscopy with rotator cuff repair May, 2014. A positive MRI of the right shoulder dated November 5, 2014, is present in the medical record. According to a treating physician's office visit dated February 3, 2015, the injured worker presented with point tenderness over the right rotator cuff with 4/5 motor strength. Range of motion is documented as; forward flexion 160 degrees, abduction 120 degrees, and external rotation at side 70 degrees. The contralateral shoulder is non-tender, 5/5 rotator strength and full stable range of motion. Hawkins, Neer, O'Brien, bicep compression, and cross body AC compression tests are all negative. Diagnoses included disorder of the shoulder; partial thickness rotator cuff tear and sprain of shoulder upper arm. Treatment plan included referral for evaluation and treatment of shoulder, urinalysis, and refill medications. According to utilization review dated July 22, 2013, the request for Orthopedic Surgeon Consultation for Reversal Total Shoulder Arthroplasty Evaluation and Treatment is non-certified, citing Official Disability Guidelines (ODG) and MTUS ACOEM Practice Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgeon Consult for Reverse Total Shoulder Arthroplasty Eval and Treat:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with right shoulder pain. The request is for ORTHOPEDIC SURGEON CONSULTATION FOR REVERSE TOTAL SHOULDER ARTHROPLASTY EVALUTATION AND TREATMENT. The patient is s/p right shoulder arthroscopic surgery on 05/23/14. The patient will be off from work until 03/17/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." In this case, the treater requested consultation for a possible shoulder surgery. The patient suffers from right shoulder pain. MRI of the right shoulder from 11/05/14 shows a chronic tear involving the distal superior fibers of the subscapularis and questionable surgical shaving of undersurface osteophytes at the AC joint. The request IS medically necessary.