

Case Number:	CM15-0039427		
Date Assigned:	03/30/2015	Date of Injury:	02/10/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male with an industrial injury dated 02/10/2010. His diagnoses included cervical radiculopathy, lumbosacral radiculopathy and thoracic pain. Previous treatment includes physiotherapy and cortisone injection. The most current records submitted are dated March and April 2014. Information is taken from these records. On 03/19/2014 he presented with continued chronic low back pain and neck pain radiating into the upper and lower extremities. He was also complaining of right shoulder pain. Physical exam revealed spasm, tenderness and guarding in the musculature of the cervical and lumbar spine. Positive impingement was noted in both shoulders with decreased range of motion. In this note the provider notes the injured worker is a candidate for bilateral total shoulder replacements. The current request is for referral to shoulder specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) referral to shoulder specialist for possible surgery for right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 210.

Decision rationale: California MTUS guidelines indicate surgical consultation may be indicated for patients who have red flag conditions such as an acute rotator cuff tear in a young worker, activity limitation for more than 4 months, plus existence of a surgical lesion, and failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Although the diagnosis as written on the request for authorization is impingement syndrome, reference is made to the MRI scan. The requesting physician is referring the IW for a consultation and not a specific surgical procedure although he does mention arthroscopic surgery. However, this is not a request for surgery and as such the guideline requirements for surgery for impingement syndrome do not apply. The injured worker has degenerative joint disease of the glenohumeral joint and will likely be a candidate for surgery. The progress notes indicate limited range of motion and pain. The MRI scan shows a chronic problem with glenohumeral arthritis. There is clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. As such, the request for referral to a shoulder specialist for possible surgery for the right shoulder is appropriate and the consultation is medically necessary.