

Case Number:	CM15-0063977		
Date Assigned:	04/09/2015	Date of Injury:	09/22/2010
Decision Date:	07/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 (IW) is a 48-year-old female who sustained an industrial injury on 09/22/2010. She reported pain in the right shoulder. The injured worker was diagnosed as having a torn rotator cuff as diagnosed by MRI. Treatment to date has included two rotator cuff surgeries (08/2011 and 06/2012). In 2013, a follow-up MRI of the right shoulder demonstrated a small intrasubstance tear of the infraspinatus tendon and partial tear of the supraspinatus tendon. Electro diagnostic studies on 08/19/2014 revealed a right brachial plexopathy. A MRI of the cervical spine 08/01/2014 was unremarkable. Currently, the injured worker complains of sharp pain in the right shoulder, color changes of the right hand, tactile dyesthesias in the hand and arm, and difficulty holding things. On examination, her right hand is swollen and dusky compared to the left side. Using an infrared thermometer, her right fingers are 2 degrees cooler than she left is. She has full range of motion of her cervical spine. Her reflexes are normal and symmetric in the bilateral upper extremities. She has very little, if any resistance in her right upper extremity due to pain. Palliative measures include not using her arm. Currently she is maintained on Galisal, Ibuprofen and Omeprazole. Trigger point injections, physical therapy and trials of acupuncture have been helpful in the past. Her pain levels can reach an 8/10 in intensity. The current working diagnoses include: right upper extremity complex regional pain syndrome; status post shoulder arthroscopic subacromial decompression (08/04/2011); Status post-right shoulder arthroscopic glenohumeral debridement and Mumford on 06/14/2012. The treatment plan is for consideration of pain management and participation in a formal functional restoration program. A request is made for a Multidisciplinary Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management program Page(s): 30-32, 49.

Decision rationale: The patient presents on 03/06/15 with right shoulder pain rated 8/10, which radiates into the right upper extremity, and associated sensory disturbances and loss of strength in the extremity. The patient's date of injury is 09/22/10. Patient is status post two right rotator cuff repair surgeries on 08/09/11 and 06/19/12, and status post several trigger point injections. The request is for MULTIDISCIPLINARY EVALUATION. The RFA is dated 03/06/15. Physical examination dated 03/06/15 reveals a swollen and "dusky" right hand, decreased temperature in the right hand, and decreased range of motion of the right shoulder in all planes. The provider notes tactile dyesthesias in the entire right upper extremity, in addition to greatly reduced motor strength. The patient is currently prescribed Galise, Ibuprofen, and Omeprazole. Diagnostic imaging included MRI of the right shoulder dated 05/03/13; significant findings include "small intrasubstance tear of the infraspinatus tendon and partial tear of the supraspinatus tendon." Progress note dated 03/06/15 also discusses electrodiagnostic studies of the right upper extremity as showing: "denervation potentials from C6-T1 in the upper extremity, and there was some thought that she suffered from brachial plexopathy." Patient is currently working a supervisory position which does not require use of her right upper extremity. Regarding criteria for multidisciplinary pain management program, MTUS guidelines page 31 and 32 states "may be considered medically necessary when all criteria are met including; 1 Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain have been unsuccessful. 3. Significant loss of ability to function independently resulting from the chronic pain. 4. Not a candidate for surgery or other treatments would clearly be. 5. The patient exhibits motivation to change. 6. Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." MTUS Guidelines page 32 further states that a 2-week functional restoration program is recommended if all the criteria are met. In regard to the multidisciplinary evaluation addressing this patient's persistent shoulder complaint, the request is appropriate. Progress note dated 03/06/15 provides an adequate and thorough examination and case history, previous methods of controlling pain have been largely ineffective, and there is evidence of significant functional loss in this patient's right upper extremity. Additionally, this patient is status post two separate surgeries of the affected shoulder, which have apparently degraded function and resulted in possible brachial plexopathy. It is also noted that the patient expresses a desire to improve functionality and does not present with any negative predictors of success such as substance abuse, smoking, or depression. Given this patient's significant functional loss, surgical history, and clinical presentation; a multidisciplinary evaluation is appropriate and could produce significant benefits. Therefore, the request IS medically necessary.

