

Case Number:	CM14-0124353		
Date Assigned:	08/08/2014	Date of Injury:	09/21/2007
Decision Date:	10/06/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65 year old male who sustained an injury on 09/21/07 while he was struck in the face. The injured worker lost consciousness and sustained multiple injuries to the teeth and left temporomandibular joint. The injured worker had extensive amount of dental work due to the injury. The injured worker was also followed for complaints of left shoulder pain that was severe 7-8/10 VAS. The injured worker was seen on 05/29/14 by an orthopedic surgeon. Per the records the injured worker also reported complaints of neck pain radiating to the upper extremities. Physical examination noted non-specific tenderness in the left shoulder with positive impingement signs and supraspinatus resistance testing. Range of motion was limited in the left shoulder compared to the right. Sensory deficits were noted in the upper extremities and dermatomal distributions. The injured worker was recommended for second orthopedic surgery consultation for the neck and left shoulder at this visit. Prior electrodiagnostic studies were negative for evidence of neurological involvement. The requested consults for the left shoulder and cervical spine were denied by utilization review on 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult Left Shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: In regards to the surgical consult for the left shoulder this reviewer would have recommended this request as medically necessary. The injured worker reported for QME in May of 2014. QME evaluator noted positive impingement signs in the left shoulder and neurological deficit in the upper extremities secondary to complaints of left shoulder and neck pain. Given these objective findings there is a reasonable indication for potential surgical intervention for this injured worker. The referral to orthopedic surgeon for the left shoulder and cervical spine was reasonable and medically appropriate based on QME in May of 2014. Therefore this reviewer would have recommended the request as medically appropriate.

Surgical Consult Cervical Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: In regards to the surgical consult for the cervical spine, this reviewer would have recommended this request as medically necessary. The injured worker reported for QME in May of 2014. QME evaluator noted positive impingement signs in the left shoulder and neurological deficit in the upper extremities secondary to complaints of left shoulder and neck pain. Given these objective findings there is a reasonable indication for potential surgical intervention for this injured worker. The referral to orthopedic surgeon for the left shoulder and cervical spine was reasonable and medically appropriate based on QME in May of 2014. Therefore this reviewer would have recommended the request as medically appropriate.