MAXIMUS Federal Services

Case Number:	CM14-0125832		
Date Assigned:	09/16/2014	Date of Injury:	01/09/2003
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgery 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:

This 51-year-old male auto body technician sustained an industrial injury on 1/9/03. Injury occurred when the patient and three coworkers were removing and lifting a truck bed weighing around 300 pounds, and he became trapped between the truck bed and the fuel tank. The patient underwent lumbar fusion at L3/4, L4/5, and L5/S1 on 3/21/06 and anterior cervical discectomy and fusion from C4 to C7 on 12/18/07. The 6/11/14 pain management report cited complaints of neck, mid-back, low back, and right shoulder pain. The most painful area was the mid-portion of the T7/8 and T910 area. Physical exam documented normal bilateral shoulder range of motion. The diagnosis included rotator cuff tear right shoulder. The treatment plan included thoracic facet blocks, and continued medications. There was a 7/15/14 request for an orthopedic consult for the right shoulder. The 7/25/14 utilization review denied the request for an orthopedic consult for the right shoulder. The rationale for this decision was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC

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

Decision rationale: The ACOEM Guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have red-flag conditions, activity limitation for more than four months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, 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. Guideline criteria have not been met. There is no imaging evidence of a surgical lesion documented. Subjective and clinical exam findings are not documented to support the medical necessity of this referral. There is a report of pain but shoulder range of motion is symmetrical and full. There is no evidence that the patient failed to benefit from an exercise program directed to the shoulder or has activity limitations attributable to the shoulder. Therefore, this request is not medically necessary.