

Case Number:	CM14-0160966		
Date Assigned:	10/06/2014	Date of Injury:	10/27/2004
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 years old female with an injury date on 10/27/2004. Based on the 07/01/2014 progress report provided by [REDACTED], the diagnoses are major depression, anxiety, depression disorder NOS, carpal Tunnel Syndrome bilateral and gastrointestinal upset, degen joint disease, left shoulder, degenerative disc disease-Cervical, impingement syndrome-shoulder Lt, radiculopathy-both upper extremities, sleep disorder, musculoligamentous injury-cervicaland S/P Cerv Fusion C5-6 & C6-7 12/21/2010. According to this report, the patient complains of left shoulder pain and spasm. The physician requested for an "orthopedic consultation for the left shoulder surgery as that has already been authorized." Physical exam of the left shoulder reveals tenderness to palpation and restricted range of motion. Forward flexion is 110 degree, abduction is 130 degree. The 08/28/2014 report indicates the patient had prior left shoulder surgery in 2009, cervical fusion in 2010, and bilateral carpal tunnel releases. MRI of the left shoulder "shows lateral down sloping of the acromion, arthritis of the AC joint, tendinosis of the rotator cuff and subacrominal bursitis." MRI report were not including in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 09/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/27/2014 to 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation for possible left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation

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) ACOEM Practice Guidelines, 2nd Edition (2004), Ch. 7 page 127

Decision rationale: According to the 07/01/2014 report by [REDACTED] this patient presents with left shoulder pain and spasm. The physician is requesting a surgical consultation for possible left shoulder surgery. Regarding consultations, ACOEM states that 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. Review of reports show that an "orthopedic consultation for the left shoulder surgery" has already been authorized." MTUS page 8 requires that the physician provided monitoring of the patient's progress and make appropriate recommendations. In this case the consultation has already been previously authorized. Therefore, recommendation is for denial of the repeat request.