

Case Number:	CM15-0011710		
Date Assigned:	01/29/2015	Date of Injury:	04/30/2003
Decision Date:	03/30/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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, Hawaii

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 is a 60 year old female, who sustained an industrial injury on April 30, 2003. The diagnoses have included disorder of bursae and tendons in shoulder region, unspecified. She failed treatment to date with physical therapy, non-steroidal anti-inflammatory medications, injections, and activity modifications. On November 3, 2014, an MRI of the right shoulder was performed. On December 11, 2014, the treating physician noted continued right shoulder pain and sense of weakness. She had a steroid injection a couple of weeks prior which provided good pain relief. The right shoulder exam revealed pain at the end range of range of motion, positive impingement sign (Neer), positive shrug sign, arc of pain, and greater tuberosity tenderness. There was mild weakness of the supraspinatus and normal neurological findings of the right upper extremity. The treatment plan included orthopedic evaluation and treatment for the right shoulder due to pain and impingement. On December 18, 2014, Utilization Review modified a request for orthopedic evaluation and treatment for the right shoulder, noting the orthopedic evaluation was appropriate to address the plan of care options in light of the progression of impingement signs, loss of range of motion and function as well as MRI findings indicating impingement with downsloping acromium and tendinitis. The treatment was not certified. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Referral and Treatment with [REDACTED] for Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , Chapter 7 , Independent Medical Examinations and Consultations, Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127

Decision rationale: The patient presents with disorder of bursae and tendons in shoulder region, unspecified. The current request is for Orthro referral and treatment with [REDACTED] for right shoulder. The treating physician report dated 12/11/14 states: Right shoulder impingement, NSAIDS, injections, activity modification, physical therapy is not being authorized even though patient has not had any in approximately two years. Patient requires continuing treatment for her right shoulder, which was also determined by her court outcome. Since physical therapy has not been authorized, I am requesting referral to a shoulder specialist [REDACTED] for eval and treat of her right shoulder pain for possible surgical intervention and or other treatment options. The ACOEM guidelines state: 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. A referral may be for:
Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the treating physician has documented disorder of bursae and tendons in the shoulder region as well as right shoulder impingement and feels that an orthopedic consultation is required to aid in the treatment of this patient. The current request is medically necessary and the recommendation is for authorization.