

Case Number:	CM15-0112818		
Date Assigned:	06/19/2015	Date of Injury:	12/13/1999
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: Emergency Medicine

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 50 year old male who sustained an industrial injury on 12/13/99. He reported complaints of shoulder/arm pain. Diagnoses given; bicipital tenosynovitis, rotator cuff dis nec, and rotator cuff synd nos. Treatments to date include medication, therapy, surgery and acupuncture. Primary treating physician's progress report dated 04/10/15 reports that the injured worker is not getting better despite conservative treatments and is in need of a surgical referral for right shoulder pain. His MRI showed abnormal signal of the right shoulder secondary to what appears to be adhesive capsulitis. As a result, this has caused pain and decreased ROM and neuropathy and weakness in his right hand and arm. Acupuncture is the only treatment that has brought his pain to a 6/10. Work status includes the following, may work with permanent restrictions of bilateral upper limbs including push/pull not to exceed 25 pounds, reaching below shoulder only and lifting, carrying not more than 25 pounds. Disability status remains P&S/MMI. Treatment authorization requested for consultation with orthopedic surgeon for symptoms related to right shoulder as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with Orthopedic surgeon for symptoms related to right shoulder as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has documented trial of conservative therapy with no improvement. Patient has an abnormal MRI and physical exam consistent with potential adhesive capsulitis. Patient has not had any documentation of prior assessment by an orthopedist. An initial consultation with orthopedics is justified and meets criteria. Consultation with orthopedics is medically necessary.