

Case Number:	CM15-0116859		
Date Assigned:	06/24/2015	Date of Injury:	08/07/2013
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 8/07/2013. Diagnoses include cervical muscle spasm, cervical radiculopathy, cervical stenosis, left rotator cuff tear, left shoulder adhesive tendinitis, left shoulder myospasm, status post-surgery left shoulder and chronic pain. Treatment to date has included surgery, diagnostics and conservative measures including medications, injections, shockwave therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 5/12/2015 the injured worker reported constant, severe, sharp, stabbing neck pain radiating to the left shoulder and mild, dull, achy left shoulder pain. Physical examination of the cervical spine revealed decreased, painful ranges of motion and tenderness to palpation and muscle spasm of the cervical paravertebral muscles and left trapezius. Left shoulder examination revealed pain full ranges of motion with decreased flexion and abduction. There was tenderness to palpation of the anterior, lateral and posterior shoulder. Supraspinatus press caused pain. The plan of care included acupuncture and authorization was requested for acupuncture for the cervical spine and left shoulder (4 sessions), follow-up visit and consultation with an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Pursuant to the ACOEM, orthopedic surgeon evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical muscle spasm; cervical radiculopathy; cervical stenosis; left rotator cuff tear; left shoulder adhesive tendinitis; left shoulder myospasm; status post-surgery left shoulder; and chronic pain. The documentation in the medical record contains a progress note dated March 12, 2015 from the treating orthopedic provider. The progress the injured worker has neck and left shoulder pain and is recommending physical therapy and acupuncture. A chiropractic provider progress note dated May 12, 2015 states the injured worker has ongoing neck and left shoulder pain. The injured worker is status post-surgery to the left shoulder. Objectively, the left shoulder examination shows no bruising, swelling, Murphy. Range of motion is painful with minimal limitation. The treating chiropractic provider is recommending an orthopedic surgical consultation. There is no clinical indication or rationale in the progress notes for an orthopedic surgical consultation. As noted above, the injured worker is already under the care of an orthopedic surgeon that recommended physical therapy and acupuncture. Consequently, absent clinical documentation with the clinical indication and rationale for an orthopedic surgeon evaluation, orthopedic surgeon evaluation is not medically necessary.