

Case Number:	CM15-0140767		
Date Assigned:	09/14/2015	Date of Injury:	05/09/2012
Decision Date:	10/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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 was a 54 year old female, who sustained an industrial injury, May 9, 2012. According to progress note of June 18, 2015, the injured worker's chief complaint was experiencing more orthopedic pain and was taking more medication. According to the progress note of June 29, 2015, the injured worker had several orthopedic complaints which included right anterior shoulder, right posterior shoulder and right cervical dorsal. The injured worker rated the pain at 8 out of 10 worst at approximately 60% of the time and 7 out of 10 the rest of the time. The injured worker was experiencing insomnia. The physical exam noted tenderness at the right cervical, right cervical dorsal, right anterior wrist and right anterior hand. There was decreased range of motion of the cervical spine bilaterally and right shoulder. The injured worker was undergoing treatment for abdominal pain, acid reflux, hypertension, chest pain, palpitation, cephalgia and peri-arthritis of the shoulder. The injured worker previously received the following treatments right shoulder MRI on April 18, 2015 there was 2cm tear of the supraspinatus, 2cm proximal to the insertion site and greater tuberosity, with fluid in the subacromial-subdeltoid bursae indicating a full thickness tear, fluid around biceps tendon in the biceps tendon groove which may present tenosynovitis of the structure, fluid collection in the subcoracoid recess compatible with subcoracoid bursitis, degenerative changes of the AC joint, evidence of impingement with down slope of the acromion process impingement on the supraspinatus tendon in the rotator cuff; physical therapy and acupuncture helped with the pain. The UR (utilization review board) denied certification on July 21, 2015; for an Orthopedic evaluation of the right shoulder due needed more clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation (right shoulder): Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The patient presents with several orthopedic complaints which include right anterior shoulder, right posterior shoulder, and right cervical dorsal. The current request is for orthopedic evaluation (right shoulder). The treating physician states, in a report dated 06/25/15, "Orthopedic evaluation." (138A) A right shoulder MRI dated 4/19/15 states there is "2 cm tear of the supraspinatus tendon, 2 cm proximal at the insertion site and greater tuberosity, with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear." (43B) The ACOEM guidelines on page 127 state that specialty referral is indicated 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. The treating physician, in a report dated 02/14/15 states, "The patient will eventually need shoulder surgery as she has failed 3 cortisone injections and conservative measures." The current request is supported by the ACOEM guidelines for specialty referral as the treating physician feels that additional expertise including surgery may be required. The current request is medically necessary.