

Case Number:	CM15-0174301		
Date Assigned:	09/16/2015	Date of Injury:	05/09/1995
Decision Date:	10/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old male, who sustained an industrial-work injury on 5-9-95. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder joint pain and unstable left shoulder. Medical records dated 7-17-15 indicate that the injured worker complains of left shoulder pain. The physician indicates that he had stabilization greater than 20 years ago but now it is starting back on the top, front. He had surgical arthroscopically and states that the shoulder never felt right. He still continues to be unstable and dislocated it a month ago. He was able to reduce it himself. The pain is a stinging pain, he cannot sleep at night, and he also has neck issues. He has had anterior cervical discectomy and fusion (ACDF) and revision anterior cervical discectomy and fusion (ACDF) secondary to progression of discs. The physician indicates that radiographs show "significant osteopenia in the humeral head and glenoid with evidence of previous suture, some type of anchors which are bioabsorbable, which is odd because I do not think that there were bioabsorbable anchors 20 years ago." The physician also indicates that the injured worker said that he had scans done and he does not have the scans. The physician notes that he absolutely needs the scans to see what is going on and he will get the scans and follow up with the injured worker. The request for follow up was made on 8-4-15. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-18-15 the injured worker has not returned to work. The physical exam dated 7-17-15 reveals that the left shoulder exam lacks external rotation, stops at 10, abduction is 45, and external rotation is 50. The physician indicates that "he cannot get an apprehension position because he states he will dislocate it." Treatment to date has

included pain medication, surgery 20 years ago, physical therapy at least 4 sessions, diagnostics and other modalities. The original Utilization review dated 8-7-15 non-certified a request for Follow-up office visit as per the guidelines and clinical information provided, the medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per the medical records it is noted that the injured worker dislocated his shoulder 6/2015. He was able to reduce it himself, however, he presents with stinging pain which prevents him from sleeping. I respectfully disagree with the UR physician who provided no rationale for denial. Follow up visit is medically necessary for the injured worker's current exacerbation of shoulder pain.