

Case Number:	CM14-0147320		
Date Assigned:	09/15/2014	Date of Injury:	06/17/1998
Decision Date:	10/21/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 08/12/1996. The mechanism of injury was not listed in the records. The injured worker's diagnoses included lumbar radiculopathy, intractable lumbar pain, left shoulder impingement, bilateral wrist tendinitis with carpal tunnel syndrome, right shoulder tendinosis, and right knee tendinosis. The injured worker's past treatments included pain medication and physical therapy. There was no diagnostic testing provided for review. The surgical history was not noted in the records. The subjective complaints on 08/26/2014 included diffuse pain over the back and low back. An addendum letter was submitted under the physical exam findings. This letter is dated 09/03/2014 and states that they were requesting authorization to refer the patient to an orthopedic physician. She had clear symptomology of carpal tunnel syndrome as well as a positive neurodiagnostic study. The left shoulder showed impingement with possible labral tear noted on the MRI study; however, the official magnetic resonance imaging (MRI) study was not provided. They had provided conservative management without much improvement and as a result it was in their opinion that the surgical intervention was warranted and would like a consult with an orthopedic surgeon for further care and evaluation. The injured worker's medications included OxyContin 40 mg, Oxycodone 10 mg, Cymbalta 10 mg, Lyrica 100 mg, and Lidoderm patches. The treatment plan was to refill medications and to proceed with an orthopedic surgeon consult. A request was received for orthopedic consultation for the left shoulder, left wrist, and right wrist. The rationale for the request was that the provider had exhausted all conservative care methods and would like to refer the patient to an orthopedic specialist. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for The Left Shoulder, Left and Right Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation CA ACOEM 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Office visits

Decision rationale: The request for orthopedic consultation for the left shoulder, left wrist, and right wrist is medically necessary. The Official Disability Guidelines state that the need for an office visit with a health care provider is "individualized and based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The patient has a positive left shoulder impingement sign with possible labral tear noted on magnetic resonance imaging (MRI) study as well as partial thickness tear of the supraspinatus. The provider states that conservative management has been tried and exhausted without much improvement and as a result the provider would like an orthopedic consult for a possible surgical intervention since all methods have been exhausted already on the provider's end. Given the above, the request is supported and meets the evidence based guidelines. As such, the request for an Orthopedic Consultation for The Left Shoulder, Left and Right Wrist is medically necessary.