

<b>Case Number:</b>	CM13-0003664		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 51-year-old female who reported an injury on 04/13/2011. The mechanism of injury was noted to be due to cumulative trauma of repetitively opening and closing heavy doors and reaching above the shoulder height to retrieve files and push carts which contained medications and files. The patient experienced a sudden onset of right shoulder pain while pulling a door during work for the jail on 04/13/2011. The examination on 06/25/2013 to support the request indicated that the patient had left shoulder pain that increased in severity to 9/10, possibly due to increased use of her left upper extremities for activities of daily living to compensate for her right upper extremity. The patient was noted to have a constant burning pain in the right shoulder, a 7/10 in severity. The patient indicated that she had no relief after a ten (10) day course of prednisone prescribed by an orthopedist. Objectively, the shoulder range of motion was forward flexion of 90 degrees on the right, 100 degrees on the left, and abduction 90 degrees on the right and 100 degrees on the left. There was tenderness over the right cervical paraspinal muscles and upper trapezius and subacromial space. The shoulder impingement sign was positive bilaterally, right greater than left and there was tenderness over the volar wrist and sensation was decreased to light touch over the right ring finger. The patient's diagnoses were noted to include right shoulder impingement syndrome status post surgeries of 09/06/2011 and 01/06/2012 with new rotator cuff tear, left shoulder impingement syndrome status post surgery 08/2012, and right carpal tunnel syndrome. It was indicated the patient had increased right shoulder pain since lifting a box in 03/2013. The patient's increased left shoulder pain was attributed to the increased use of her left upper extremity to compensate for her right upper extremity. The patient stated the physician who had previously treated her indicated that she was not a surgical candidate for a rotator cuff tear and he recommended pain management. The patient indicated she wanted a second opinion.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Second opinion consultation of an orthopedic surgeon for the shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92,127,209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that a referral for a surgical consultation may be appropriate for patients who have red flag conditions, activity limitation for more than four (4) months, plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. There was a lack of documentation indicating that the patient had a necessity for a repeat consultation. The clinical documentation indicated that the orthopedist that had been seeing the patient stated that the patient did not need surgery. There was a lack of documentation indicating that the patient had failed to increase in range of motion, and there was lack of documentation indicating a recent MRI, or objective and objective findings to necessitate a repeat evaluation. There was a lack of documentation per the submitted request for the laterality of the request. Given the above, the request is not medically necessary.