

<b>Case Number:</b>	CM13-0017479		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Orthopedic Surgery 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 claimant is a 34-year-old female who sustained an injury on June 16, 2011, to the upper extremities and neck while moving boxes. The records document a right shoulder MRI scan dated December 13, 2012, that demonstrates a low grade intrasubstance tear to the subscapularis with moderate inflammatory findings to the supraspinatus and infraspinatus tendon. A follow-up note dated August 2, 2013, indicates continued complaints of pain, specifically to the right shoulder, despite conservative care that included an aggressive course of acupuncture, physical therapy, medication management and activity restrictions. Formal physical examination findings were not noted at that time. A June 14, 2013, physical examination demonstrates findings consistent with medial epicondylitis but does not document shoulder findings. This request is for orthopedic consultation for the right shoulder to further assess the claimant's rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHOPEDIC CONSULTATION FOR THE RIGHT SHOULDER ROTATOR CUFF TEAR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, Independent Medical Examinations And Consultations, Page 127

**Decision rationale:** Based on California ACOEM Guidelines, consultation for orthopedic referral to assess the need for right shoulder rotator cuff repair would not be indicated. While the claimant continues to report complaints of shoulder pain while under conservative care, there is no documentation of recent physical findings indicative of shoulder weakness or functional deficit that would indicate need for surgical consultation and intervention. The 2012 MRI results, coupled with the lack of physical examination findings, do not support the request for orthopedic consultation as being medically necessary.