

<b>Case Number:</b>	CM13-0025882		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 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 patient is a 55-year-old male who reported an injury on 02/09/2010. The mechanism of injury was not stated. The patient is diagnosed as status post left shoulder arthroscopy and rotator cuff repair, biceps tendinitis, and impingement syndrome. The patient was seen by [REDACTED] on 07/15/2013. The patient reported bilateral shoulder pain. Physical examination of the left shoulder revealed well-healed surgical incisions, tenderness over the biceps and acromioclavicular joint, 150 degrees abduction and flexion, positive impingement sign, and positive Hawkins testing. Physical examination of the right shoulder revealed tenderness anteriorly in the subacromial space and biceps tendon, 165 degrees flexion, 160 degrees abduction, and positive impingement signs and Hawkins sign. Treatment recommendations included a left shoulder arthroscopy with subacromial decompression and possible biceps tenotomy, as well as psychiatric consultation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCHIATRIC CONSULT AND TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glass LS, et al. Occupational Medicine Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd edition. Beverly Farms, MA: OEM Health Information Press, 2004, Chapter 15, Stress Related Conditions, pp 400.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of a psychological examination on the requesting date of 07/15/2013. Therefore, the medical necessity for the requested referral has not been established. As such, the request is non-certified.

**LEFT SHOUDLER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION AND POSSIBLE BICEPS TENOTOMY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient is status post left shoulder arthroscopy with rotator cuff repair on 08/07/210 and 10/08/2011. There is no documentation of a recent failure to respond to conservative treatment prior to the request for an additional surgical procedure. There is also no documentation of significant activity limitation. Based on the clinical information received, the request is non-certified.