

<b>Case Number:</b>	CM13-0026430		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	12/05/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Orthopaedic Surgery, has a subspecialty in Fellowship trained in Spine 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 injured worker is a 60 year-old male with a reported date of injury on 12/05/2010; the mechanism of injury was a fall. The injured worker had diagnoses including adhesive capsulitis of shoulder and cervicalgia, There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. The physician's treatment plan included a request for an orthopedic spine surgeon consultation; the request for authorization and pertinent clinical notes were not provided to demonstrate the rationale for the request or the request date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC SPIN SURGEON CONSULTATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** ACOEM states a referral for surgical consultation is indicated for patients who have persistent severe and disabling shoulder or arm symptoms activity limitation for more than one month or with extreme progression of symptoms. It also indicates there should be clear clinical, imaging, and electrophysiologic evidence or unresolved radicular symptoms after

receiving conservative treatment. There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. Therefore, the request for orthopedic spine surgeon consultation is non-certified.