

<b>Case Number:</b>	CM13-0031286		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Spine 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 injured worker is a 60-year-old male who reported an injury on 01/29/2013 after he lifted a metal lid that weighed approximately 30 to 40 pounds and reportedly sustained an injury to his left shoulder. The injured worker was treated with physical therapy, medications, activity modifications, and chiropractic therapy. The injured worker underwent an MR (magnetic resonance) arthrogram on 08/2013 that documented glenohumeral joint degenerative changes, calcific tendonitis of the distal supraspinatus tendon, and a superior labral tear. The injured worker was evaluated on 09/26/2013. It was documented that the injured worker had persistent and increasing left shoulder pain that did not improve significantly with conservative treatments. Physical findings of the left shoulder included tenderness to palpation over the subacromial region and tenderness to palpation over the parascapular musculature. The injured worker had 4/5 muscle weakness in flexion, abduction and external rotation. Range of motion was described as 165 degrees in flexion, 42 degrees in extension, 164 degrees in abduction, 44 degrees in adduction, 76 degrees in internal rotation and 78 degrees in external rotation. The injured worker's diagnoses included left shoulder subacromial bursitis, tendonitis and impingement with a parascapular myofascial strain. A left shoulder surgical consultation was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGICAL CONSULT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 179-180, 210-211.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends surgical consultations for shoulder injuries and cervical spine injuries for injured workers who have clear clinical and imaging evidence of an injury that would benefit from surgical intervention. The injured worker has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker could be a candidate for surgical intervention to the shoulder. There is imaging evidence as well as persistent deficits recalcitrant to conservative measures that may benefit from surgical intervention. Therefore, a surgical consultation for the shoulder would be appropriate for this injured worker; however, the request as it is submitted does not specifically identify what type of surgical consultation is being requested. As the injured worker has both shoulder and cervical spine complaints, it is unclear what the surgical consultation is for per the request provided. As such, the requested surgical consultation is not medically necessary or appropriate.