MAXIMUS Federal Services

Case Number:	CM13-0052914		
Date Assigned:	05/16/2014	Date of Injury:	03/01/2013
Decision Date:	06/16/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation 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 patient is a 70 year-old in [redacted] who sustained a right shoulder injury on 3/1/13 from lifting an extension leaf of table while employed by [redacted]. The request under consideration is an orthopedic consult. The diagosis is shoulder & upper arm strain/sprain. The report of 10/17/13 from the provider noted was treating for shoulder complaints. Diagnostics show small supraspinatus surface tear without retraction or atrophy with moderate AC joint arthropathy. The patient had subacromial injection for his right shoulder on 4/10/13. There is no documented report of failed conservative care or previous physical therapy treatment or outcome to support for surgical consultation. There is a Permanent & Stationary report dated 1/24/14 that noted patient began physical therapy after consult was denied. The patient has shoulder pain. The exam showed no atrophy, no edema, O'Brien's/Slap apprehension test equivocal, Negative Hawkin's/ Shoulder apprehension/ Speed's biceps/ Cross arm, supraspinatus/ infraspinatus/ and subscapularis strength intact and without pain against resisted motion, no tenderness to palpation at AC joints, upper extremity strength and sensation all intact with full range of motion of bilatearl shoulders. The patient was made P&S with future medical for repeat of injection, physical therapy for flare-up and ortho consult. The request for orthopedic consult was non-certified on 10/28/13 citing guidelines criteria and lack of medication neccesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULT: 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 based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 7 - INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

Decision rationale: The submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unremarkable clinical findings without positive provocative testing or red-flag conditions and has been deemed P&S. The examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The orthopedic consult is not medically necessary and appropriate.