

<b>Case Number:</b>	CM13-0053953		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 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:

This is a 44-year-old female who sustained a vocational injury on 6/14/13 while working as a transporter. The clinical records provided for review document working diagnoses of bilateral shoulder sprain/strain with right rotator cuff tear, cervical spine strain/sprain, and thoracic spine sprain/strain. The report of the office visit on 10/29/13 noted complaints of bilateral shoulder pain; right shoulder had constant moderate to severe pain and the left shoulder had mild to moderate pain. There was frequent moderate pain and stiffness in the neck with slight improvement. The upper back had frequent moderate pain and stiffness which was ongoing. On exam of the right shoulder, there was palpable tenderness, range of motion was 90 degrees of abduction, 80 degrees of flexion, 30 degrees of internal rotation, 40 degrees external rotation, and 10 degrees adduction. Left shoulder range of motion was 170 degrees of abduction, 170 degrees of flexion, 60 degrees of internal rotation, 40 degrees if external rotation, and 30 degrees of adduction. The claimant had a positive Codman, Apley, and apprehension test on the right. The left shoulder had a positive Apley's and apprehension test. The cervical spine had moderate palpable tenderness with decreased range of motion in all planes. The report of an MRI of the right shoulder dated 8/15/13 showed a 1.5 centimeter largely intrasubstance tear of the supraspinatus tendon with bursitis. The claimant has completed a formal course of physical therapy. The current request is for a DME for bone anchors times four.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - bone anchors x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** There is no documentation within the medical records to determine the underlying reason why four bone anchors as DME are being requested. There is a lack of documentation that there is any upcoming or proposed surgical intervention. There is a lack of recent clinical notes available for review establishing the medical necessity for the requested DME. Based on the documentation presented for review and in accordance with California MTUS/ACOEM Guidelines, the request for the bone anchors times four as a DME cannot be considered medically necessary.