

<b>Case Number:</b>	CM13-0054745		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/22/2013
<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 Occupational Medicine 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 52-year-old male with a 7/21/13 date of injury. The mechanism of injury occurred when he was changing a diaper for an obese elderly patient. According to a progress report dated 4/8/14, the patient complained of left shoulder pain rated as a 7/10. He reported radiation of pain from the lateral shoulder at the tip of the acromion to the cervical spine. He has received a cortisone injection into the left shoulder and pending authorization for physical therapy. Objective findings: tenderness of rotator cuff expanse, tenderness of the acromioclavicular joint, limited range of motion of left shoulder, spasm upon flexion of left shoulder, positive impingement test on left. Diagnostic impression: cervical disc syndrome, left shoulder rotator cuff syndrome, right wrist carpal tunnel syndrome, right de Quervain's disease, intractable pain. Treatment to date: medication management, activity modification, cortisone injections, home exercise program. A UR decision dated 10/22/13 denied the request for orthopedic consultation pertaining to shoulders. There is no documentation of current symptoms, physical exam findings, or results of conservative treatment trials. There is no documentation as to the medical indication for this consultation regarding what the provider is anticipating from such a referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Orthopedic Consultation Pertaining to Shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, pages 127, 156; Official Disability Guidelines (ODG), Pain Chapter - Office Visits.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, there is no documentation indicating failure of conservative management. A specific rationale as to why an orthopedic consult has been requested at this time was not provided. Therefore, the request for Outpatient Orthopedic Consultation Pertaining to Shoulders is not medically necessary.