

Case Number:	CM13-0061383		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2011
Decision Date:	05/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Pennsylvania. 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 claimant, a 57-year-old gentleman, fell off of a ladder sustaining chest, elbow and facial injuries on 03/10/11. The records for review documented that the claimant underwent a chest tube thoracostomy, left elbow surgery and eye surgery. Records pertaining to the claimant's left shoulder include a 10/25/12 MRI report showing minimal infraspinatus tendinosis and minimal degenerative spurring of the humeral head with no documentation of other significant findings. The last clinical assessment for review on 10/04/13 indicated neck, low back and left shoulder complaints with examination showing limited motion at endpoints and shoulder abduction secondary to pain. An orthopedic referral for the claimant's ongoing shoulder complaints was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgical Consultation for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: Based on California ACOEM Guidelines, consultation referral for orthopedic assessment of the claimant's shoulder would not be indicated. The medical records provided for review do not reveal any imaging study identifying the presence of internal derangement or acute surgical pathology in the shoulder. While the claimant is noted to have continued complaints of pain at endpoints on examination, the lack of documentation of weakness, structural deficit or imaging pathology would fail to support the need for orthopedic referral. The orthopedic surgical consultation for the left shoulder is not medically necessary and appropriate.