

<b>Case Number:</b>	CM13-0062109		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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, has a subspecialty in Pain Management 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 patient with a November 1, 2011 date of injury. A utilization review determination dated November 19, 2013, recommends the non-certification of an orthopedic consultation. Noncertification is recommended due to the lack of documentation indicating that diagnostic and therapeutic modalities have been exhausted. A progress report dated December 6, 2013, identifies subjective findings of intermittent minimal left shoulder tightness, achiness, and soreness. Additionally, there is moderate right wrist achy and sharp pain with occasional left wrist soreness and aches. The objective findings identify slightly reduced right shoulder range of motion with pain. There is a positive impingement sign on an apprehension test. There is also tenderness to palpation over the biceps, deltoid musculature, and acromioclavicular (AC) joints bilaterally. A review of records reveals an MRI of the right shoulder, which identifies AC joint arthropathy, subcoracoid bursitis, focal full thickness tear of the supraspinatus, small subacromial/subdeltoid bursa effusion, and biceps tenosynovitis. An MRI of the left shoulder identifies AC joint arthropathy, supraspinatus and infraspinatus tendon gnosis, small subacromial/subdeltoid bursa effusion, biceps tenosynovitis, and mild glenohumeral joint effusion. An electromyography (EMG) is reported as being normal. The note reviews a progress report recommending tramadol, cyclobenzaprine, omeprazole, topical creams, and requesting a right shoulder injection and rotator cuff injection under fluoroscopy. The diagnoses include right shoulder derangement, left shoulder derangement, right wrist sprain/strain, and stress/anxiety. The treatment plan recommends following up with pain management, psychiatrist evaluation, due to stress and anxiety, orthopedic surgery evaluation and treatment recommendations, continue home stretching and exercise, and Synovacin and Dendracin for topical use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC SURGEON CONSULT FOR LEFT SHOULDER:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7 - INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127 AND 156 AND THE OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, OFFICE VISIT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER, 127. OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER, OFFICE VISITS.

**Decision rationale:** The ACOEM Guidelines support consultation 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. Within the documentation available for review, the requesting physician has identified that the patient has ongoing shoulder complaints of positive physical examination findings. Additionally, an MRI identifies a full thickness tear of the supraspinatus as well as a number of other less significant findings. Furthermore, the patient has a positive apprehension test which may be a sign of instability. As such, evaluation by an orthopedic surgeon is medically necessary.