

Case Number:	CM14-0003593		
Date Assigned:	01/31/2014	Date of Injury:	09/02/2011
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 and Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 46 year old male with a reported injury date on 09/02/2011; the mechanism of injury was not provided within the medical records. The progress report dated 12/18/2013 noted that the injured worker had complaints that included 6/10 pain to the cervical spine, lumbar spine, and left shoulder. Additional complaints included radiating pain with numbness and tingling to unknown region. Objective findings included tenderness and spasm to the cervical spine, lumbar spine, and left shoulder with limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULTATION-LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The request for a surgical consultation-left shoulder is non-certified. It was noted that the injured worker had complaints that included 6/10 pain to the cervical spine, lumbar spine, and left shoulder. Additional complaints included radiating pain with numbness and tingling to unknown region. Objective findings include tenderness and spasm to the cervical spine, lumbar spine, and left shoulder with limited range of motion. ACOEM guidelines state

that referral for surgical consultation may be indicated for injured workers who have red-flag conditions, activity limitation for more than four months, failure to increase ROM and strength of the musculature even after exercise programs. The medical necessity for a surgical consultation has not been established. There is a lack of evidence within the provided documentation that the injured worker had significant symptomatology to suggest that shoulder surgery would be beneficial. There is a lack of evidence that the injured worker has undergone an adequate course of conservative care treatment and it is unclear if the injured worker has been provided an injection. As such this request is not medically necessary or appropriate.