

<b>Case Number:</b>	CM14-0004053		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain 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:

The patient is an employee of [REDACTED] and has submitted a claim for right shoulder pain associated with an industrial injury date of February 14, 2013. Treatment to date has included oral analgesics and muscle relaxants. The medical records from 2013 were reviewed and showed complaints of worsening pain of the right shoulder, described as excruciating and severe at times. The physical examination of the right shoulder showed moderate tenderness below the AC area and limitation of motion. The patient reports no relief with Vicodin; hence was changed to Norco. Other pain medications include NSAIDs and muscle relaxants. An orthopedic referral for the right shoulder was suggested in an effort to obtain an MRI of the right shoulder. A utilization review dated December 16, 2013 denied the request for consult with orthopedics due to no previous physical therapy treatment directed to the right shoulder prior to the requested consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT WITH ORTHOPEDICS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER 7, PAGE 127.

**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), 2ndEdition, (2004) Chapter 7, page(s) 127, 156.

**Decision rationale:** According to the California MTUS Guidelines 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. In this case, the patient complains of worsening right shoulder pain for which orthopedic evaluation was requested. However, there was no discussion regarding uncertainty or complexity of diagnosis that may warrant another specialist consultation. Also, the subjective complaint of worsening right shoulder pain was not supported by the most recent physical examination. Moreover, there was no evidence of treatment failure as there was no prior physical therapy directed to the right shoulder. The the request is not medically necessary.