

<b>Case Number:</b>	CM14-0004146		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Surgeon, Sports 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 injured worker is a 50-year-old male who reported an injury on 12/17/2011 after being hit by a tree branch. The injured worker reportedly sustained an injury to his left shoulder. The injured worker underwent an MRI on 06/14/2012 that documented moderate evidence of impingement syndrome with tendinosis of the rotator cuff, a slight tear of the rotator cuff and SLAP deformity of the glenoid labrum. The injured worker's treatment history included acupuncture, physical therapy, and medications. The injured worker was evaluated on 08/15/2013. It was documented that the injured worker had tenderness to the left shoulder with decreased range of motion and decreased sensation. It was documented that the injured worker had weakness of the left hand. The injured worker's diagnoses included left shoulder dislocation, rule out rotator cuff tear, and brachial neuritis. The injured worker's treatment recommendations included medications, physical therapy, an MRI of the left shoulder, an electrodiagnostic study of the upper extremities, and an orthopedic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### OFFICE CONSULTATION AND TREATMENT WITH [REDACTED] (ORTHO SURGERY): Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 5, 89-92

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The requested office consultation and treatment with [REDACTED] (orthopedic surgery) is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends consideration for surgery when the injured worker has physical findings supported by an imaging study that would benefit from surgical intervention. The clinical documentation has reported MRI findings consistent with rotator cuff dysfunction and superior labral anterior-posterior lesions (SLAP) and has been treated with acupuncture, physical therapy and medications. The injured worker has had persistent symptoms for over one year that has not significantly benefited from conservative treatment. An evaluation by an Orthopedic Surgeon would be appropriate to assess the appropriateness of surgery and aid in treatment planning. As such, the requested office consultation and treatment with [REDACTED] (ortho surgery) is medically necessary or appropriate.