

Case Number:	CM14-0108319		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2013
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/11/2014

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 Surgery 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 56-year-old male who injured his left shoulder in a work-related accident on 04/23/13. The clinical progress report dated 08/25/14 noted continued left shoulder pain and stated that the claimant had minimal improvement with a recent corticosteroid injection and his symptoms continue to persist. Objectively, on examination, there was full passive range of motion, a normal gait pattern, tenderness anteriorly at the shoulder, with no weakness. There was positive Neer and Hawkin's testing. The diagnosis was shoulder discomfort and the recommendation was made for surgical referral. There was no documentation of other forms of treatment, imaging reports, or further physical examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical evaluation of left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on the ACOEM Guidelines, the request for surgical consultation for evaluation of the left shoulder cannot be recommended as medically necessary. The medical records do not contain any imaging reports to determine pathology and the presence of a surgical lesion. Without documentation of imaging, the acute need of a surgical referral based on the claimant's physical examination findings alone cannot be supported.