

<b>Case Number:</b>	CM14-0013070		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/01/2014

### 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 Physical Medicine & Rehabilitation, 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 63 year old man who injured her left shoulder, wrist and low back after falling off a truck and landing on his left side. He sustained a closed fracture of the left distal radius. He has been treated with conservative care. MRI of the left shoulder was significant for joint effusion, capsulitis, bursitis, bicipital tenosynovitis, SLAP tear and anterior paralabral cyst. CT of the left wrist showed incompletely healed fracture of the distal radius, cystic changes in the carpal bones, subluxation of the first metacarpal and arthritic changes. She was declared permanent and stationary on 5/1/2014. Diagnoses are Left distal radius fracture, Adhesive capsulitis, Left bicipital tenosynovitis and Lumbar strain resolved. Request is for an Orthopedic Consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Evaluation of the Left Shoulder and Left Upper Extremity with [REDACTED]:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

**Decision rationale:** There is a request for an orthopedic consult for the left shoulder and left hip. The records provided indicate the injured worker is already seeing an orthopedic surgeon. The notes state that the orthopedist is the primary treating physician. The request for an orthopedic consult was made by a different physician. There is no indication in the medical records why an orthopedic consult is being requested. There is no indication the injured worker is dissatisfied with her current orthopedist or desires a second opinion. The records indicate the injured worker is not interested in surgical intervention at this time. There is no justification in the records provided why an orthopedic surgery consult is medically necessary. Therefore, this request is not medically necessary.