

Case Number:	CM14-0017576		
Date Assigned:	04/25/2014	Date of Injury:	10/31/2009
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 a 47 year old female who was injured on October 31, 2009. The mechanism of injury is unknown. Her diagnoses include left shoulder pain, left rotator cuff syndrome and back pain. Physician notes dated December 18, 2013 state the patient presents with back pain. The patient's pain never completely resolved, but some days it is a bit better than others. Her neck and shoulder pain has worsened. She reports she is not working. On exam, the left shoulder range of motion is diminished, active, passive, internal rotation, external rotation, flexion, extension, restricted by pain with limited abduction and flexion to 90 degrees. She is alert and oriented. There is normal sensory, motor function, and no focal defects. The cranial nerves II-XII are grossly intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH AN ORTHOPEDIC SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: According to the California MTUS ACOEM guidelines, referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The medical records do not reveal any significant deficits on examination or evidence of potential red flags of the left shoulder, as to necessitate an orthopedic consultation. The December 18, 2013 indicates pain with limited active shoulder motion, which does not substantiate the existence of a surgical lesion. The medical necessity of an orthopedic surgical consultation has not been established. The requested service is not medically necessary.