

Case Number:	CM14-0124198		
Date Assigned:	08/08/2014	Date of Injury:	01/11/2012
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 a 48-year-old male with a date of injury of January 11, 2012. The listed diagnoses per [REDACTED] are: 1. Right shoulder pain; 2. Right shoulder stiffness; and 3. Left shoulder pain. According to progress report dated June 24, 2014, the patient with complains of left shoulder pain in the anterolateral, which is progressing. It was noted patient had multiple surgeries in the right shoulder in 2012. Now, the patient continues with symptoms in his left shoulder, which revealed decreased range of motion and rotator cuff strength with external rotation and forward elevation at 4/5. Positive Hawkins and Neer's test. This is a request for orthopedic evaluation for the left shoulder. Utilization review denied the request on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: This patient presents with continued bilateral shoulder complaints. The treating physician is requesting an orthopedic evaluation for the left shoulder. Utilization review denied the request stating the patient does have left shoulder pain but there is no physical examination and no conservative treatment mentioned. The ACOEM practice guidelines, 2nd edition, 2004, page 127 has the following, "The occupational health practitioner may refer to other specialist 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 presents with decrease range of motion and strength and has positive Hawkins's and Neer's test. An orthopedic evaluation for the left shoulder is reasonable at this time. Therefore, the request is medically necessary.