

Case Number:	CM14-0020576		
Date Assigned:	06/11/2014	Date of Injury:	06/12/2009
Decision Date:	07/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The injured worker is a 45-year-old female who reported an injury on 06/12/2009. The mechanism of injury was not provided. On 05/14/2014, the injured worker presented with cervical spine pain and right shoulder pain. Upon examination, there was limited range of motion and pain noted to the right shoulder. The diagnoses were rotator cuff tear of the right shoulder and cervical spine sprain/strain. There was no prior therapy noted. The provider recommended an orthopedic surgeon consultation for the shoulder. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC SURGEON CONSULTATION FOR SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), UPDATED GUIDELINES, CHAPTER 6, PAGE 163.

Decision rationale: The request for orthopedic surgeon consultation for shoulder is non-certified. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or residual loss and/or examinee's fitness for return to work. There is a lack of significant objective measurable examination findings to support shoulder deficits that would warrant the need for an orthopedic surgeon consultation for the shoulder. The provider's request does not indicate which shoulder the consultation was needed for. There is no indication of the request for or intention of shoulder surgery. As such, the request is non-certified.