

<b>Case Number:</b>	CM14-0023068		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/10/1995
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Occupational Medicine 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 58-year-old male who has submitted a claim for right shoulder impingement syndrome associated from an industrial injury date of April 10, 1995. The medical records from 2013 were reviewed, the latest of which dated September 11, 2013 revealed that the patient continues to complain of right shoulder, neck and low back pain. He rates his pain 8-10/10. On physical examination, there is acromioclavicular joint tenderness and impingement. The treatment to date has included diagnostic injection of steroid to the subacromial space, physical therapy, and medications that include Ibuprofen, Tramadol, Trazodone and Gabapentin. The utilization review from December 20, 2013 denied the request for medical clearance with an internist because the surgical process has yet to be established as necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL CLEARANCE WITH INTERNIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on page 127 of the California Non-MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, a preoperative medical clearance with an internist was requested prior to outpatient right shoulder subacromial decompression. However, the medical necessity for the surgery has not been established. Therefore, the request for medical clearance with an internist is not medically necessary.