

<b>Case Number:</b>	CM14-0024421		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 33-year-old female who sustained an injury to her left shoulder on 03/26/13 when she fell onto her right knee, falling backwards and landing with both feet under her. The injured worker continued to complain of pain and swelling in the left knee along with constant back and left shoulder pain at 7/10 visual analogue scale (VAS). Physical examination of the left shoulder noted range of motion with forward flexion 120, abduction 100; tenderness over the sub acromial arch; positive impingement sign. MRI of the left shoulder dated 12/03/13 revealed tendinosis distal to the supraspinatus; possible labral degeneration with no definite tear. She was placed on modified work restrictions. Treatment to date has included MRI, physical therapy and an ortho consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINE SURGEON CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Office visits.

**Decision rationale:** The request for spine surgeon consultation is not medically necessary. The previous request was denied on the basis that the records provided did not indicate that there has been failure of conservative treatment and there was no future surgical plan or diagnosis. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, Given that the injured worker has already had a consultation with an orthopedic specialist and the clinical documentation submitted for review, medical necessity of the request for spine surgeon consultation has not been established.