

<b>Case Number:</b>	CM14-0034498		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 52-year-old male who sustained an industrial injury on 02/15/2012 to his left shoulder as a result of unloading pallets of approximately 20 pounds and doing overhead work. Since the date of injury, he has had continuous shoulder pain and underwent a left shoulder arthroscopy for debridement of the labrum and rotator cuff, subacromial bursectomy and decompression on 06/21/12. His shoulder discomfort continued following his surgery. The only other pertinent information gleaned from the patient's documentation is apparent limited neck motion. A cervical spine MRI dated 4/2/2013 showed a C2-3 broad-based disc osteophyte complex with a prominent left paracentral component measuring up to 5mm with uncovertebral joint arthropathy and mild right and moderated left sided foraminal narrowing; C3-4 with mild right and mild to moderate left sided foraminal narrowing; C5-6 broad based disc osteophyte complex measuring 2.5mm that is flattening the ventral surface of the cord. A shoulder MRI obtained on the same day as the cervical spine MRI identified an 'os acrominale' with an effusion in the syndesmosis suggesting instability and mobility without identifiable rotator cuff tendinopathy but a mild subacromial subdeltoid bursitis. In dispute is a decision for an office consultation with a neurologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Consultation (Neurologist): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7 Independent Medical Evaluations and Consultations, page 127.

**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), 2nd Edition, (2004) Chapter 7, page(s) 127.

**Decision rationale:** Following review of the medical documentation, I found no reason to obtain a neurologic consultation. A consultation is to assist in establishing a diagnosis, prognosis or therapeutic management. The documentation sent for this review is wholly inadequate and provides only a partial picture of the patient's medical issues. The medically necessary electromyography (EMG) study should help shed light as a possible cervical root cause for his discomfort and help tease out the difference between his left shoulder and cervical discomfort. Therefore, this request is not medically necessary.