

<b>Case Number:</b>	CM14-0034693		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 51-year-old female who was reportedly injured on September 6, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of neck pain with limited range of motion with radiation to the left shoulder, arm, and hand. There is also a complaint of low back pain. The physical examination demonstrated limited cervical spine range of motion due to pain. There was weakness with grip strength of the left hand. The left shoulder was tender with possible impingement. Examination of the lumbar spine noted tenderness, limited range of motion, and spasms. Diagnostic imaging studies objectified acromioclavicular joint degeneration and tendinopathy. A request had been made for a surgical consult for the lower back and the left shoulder and was not medically necessary in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical consult with [REDACTED] regarding her low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 1 of 127.

**Decision rationale:** According to the medical records the injured employee had a previous evaluation for her lower back on November 19, 2013 with an orthopedic spine surgeon. No report of this evaluation and its recommendations is available. However as the injured employee has had a lumbar spine evaluation it is unclear why a second one is requested. This request for a surgical consult regarding lumbar spine is not medically necessary.

**Surgical consult with [REDACTED] regarding left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 1 of 127 Page(s): 1 OF 127.

**Decision rationale:** According to the attached medical records the injured employee has had a previous evaluation for her left shoulder on November 19, 2013. No report of this evaluation and its recommendations is available. However as the injured employee has had a prior shoulder evaluation it is unclear why a second one is requested. This request for a surgical consult for the left shoulder is not medically necessary.