

<b>Case Number:</b>	CM14-0038098		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

This 40-year-old female cook sustained an industrial injury on 10/3/13. Injury was sustained an accepted when she was pulling on a milk crate above her shoulders and felt a pop in her right shoulder with onset of pain. The 11/11/13 right shoulder MRI impression documented strain versus tendinosis of the right supraspinatus tendon, mildly laterally downsloping acromion, and moderate amount of fluid in the subacromial/subdeltoid bursa which may represent bursitis. The 1/10/14 physical therapy progress report indicated the patient had completed 12 visits. Residual moderate limitations in overhead strength needed for work were documented. The patient was required to lift at least 30 pounds overhead onto shelves multiple times a day. Range of motion was within functional limits. There was 3+/5 weakness in abduction and 4/5 weakness in flexion and external rotation. There was mild swelling about the bicipital groove. Impingement signs were now negative. Overhead press testing documented about 15 pounds of strength. The 1/22/14 progress report cited no pain at this point and no pain while she was off work for three weeks. Pain is reported with activity, worse with heavy lifting to about grade 4/10. Right shoulder exam findings documented normal grip, intact upper extremity sensation, almost full range of motion, and soreness with when she gets too far overhead. Referral to an orthopedist for a cortisone shot was recommended because of failed treatment. The 3/5/14 treating physician report cited on-going right shoulder pain, particularly with heavy lifting and lifting overhead. Pain can rise to 4-6/10. Physical exam findings documented pain against resistance on lifting overhead on abduction and flexion. The shoulder was sore when reaching above her head. Neurologic and vascular functional was preserved. The diagnosis was right rotator cuff bursitis, tendinosis, and strain. The treatment plan recommended orthopedic consult for a corticosteroid injection. The 3/5/14 appeal letter indicated that the patient had grade 4/10 pain with heavy lifting at work. Job duties required heavy lifts overhead. The treating physician reported the

patient failed conservative treatment and continued to be symptomatic. The request for orthopedic consult was appealed. The 3/6/14 utilization review denied the appeal of the orthopedic consult and unspecified treatment as there was limited evidence regarding pain and range of motion was essentially full according to the 1/22/14 report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Orthopedic consultation and treat quantity :1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Department Workman's Compensation Medical Treatment Utilization Schedule, American College of Occupational Environmental Medicine 2004 OMPG, Independent Medical Examinations and Consultations ch 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections.

**Decision rationale:** The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The Official Disability Guidelines support steroid injections when pain with shoulder elevation is significantly limiting work. Guideline criteria have been met. The treating physician has requested an orthopedic consult to include a corticosteroid injection. MRI findings evidence rotator cuff strain, tendinosis and bursitis. The patient's essential job functions require repetitive heavy overhead lifting. Pain increases to a moderate level with lifting overhead. The patient has completed physical therapy with residual work limitations. Therefore, this request for orthopedic consultation and treat, quantity 1, is medically necessary.