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| Case Number: | CM14-0044222 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 04/06/2011 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 claimant is a 31-year-old gentleman injured in an April 6, 2011, work-related accident. The records available for review include a February 13, 2014, progress note reporting continued complaints of shoulder pain. A recent report of an MR arthrogram showed an inferior humeral capsular tear and a SLAP lesion. On physical examination, there was full range of motion with pain at end points, positive impingement signs and no documentation of weakness. There is no reference to prior surgery. This request is for referral to an orthopedic surgeon for consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral back to the orthopedic surgeon for further surgical therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM.

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 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California MTUS ACOEM Guidelines, referral to an orthopedic surgeon would be supported. The reviewed records include an MR arthrogram report identifying

surgical pathology to the labrum. Given this finding, the role of orthopedic consultation to further discuss treatment options and appropriate advancement of the case would be supported as medically necessary.