

<b>Case Number:</b>	CM14-0071433		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61 year old female with date of injury on 4/9/13. The injured worker reports her injury occurred as a result of a fall when exiting a stairwell and landing on her outstretched left side. The provider's initial report dated 4/17/14 indicates that the patient presented with pain affecting the cervical spine, worse on the left side and left shoulder and upper arm with burning pain. Objective findings state, 50% reduced left grasping strength, Tinel's is normal. The provider reports, the left supraspinatus tendon has a partial tear, bursitis is moderate, foraminal and canal stenosis with disc bulges is mild to moderate at C5/6 and C6/7. The current diagnoses are: 1.Cervicothoracic s/s and spondylosis with stenosis2.Cervicobrachial syndrome3.Pain syndrome with psychiatric factors4.Left shoulder tendonitisThe utilization review report dated 5/1/14 modified the request for orthopedic referral for consultation/evaluation and treatment as secondary MD for the left shoulder and authorized orthopedic consultation of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic referral for consultation/ evaluation as secondary MD for the left shoulder:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary.

**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, chapter 7, page 127.

**Decision rationale:** The patient presents with chronic left shoulder pain, cervical pain and left upper extremity pain. The current request is for orthopedic referral for consultation/ evaluation as secondary MD for the left shoulder. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise in orthopedic evaluation of the left shoulder following positive MRI findings is medically necessary. Therefore, this request is medically necessary.