

<b>Case Number:</b>	CM14-0075107		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 is a 57-year-old gentleman, employed in the [REDACTED], who experienced chronic wear and tear of the neck and shoulder as a result of his job duties on 04/05/13. The office note dated 06/30/14 documented the diagnosis of disc disorder of the cervical spine and shoulder joint derangement. The claimant reported constant pain in the cervical spine aggravated by repetitive motions of the neck and bilateral shoulder pain. Physical examination of the shoulders noted tenderness around the anterior glenohumeral region and subacromial space, Hawkin's and impingement signs were positive, rotator cuff function appeared intact but painful, symptoms were reproducible with internal rotation and forward flexion, and standing flexion and extension were guarded and restricted. There was no clinical evidence of instability on examination. Conservative treatment to date was documented to include Terocin patch, Tramadol, anti-inflammatories, Physical Therapy, Pain Management and an Injection of the right shoulder. X-rays of the bilateral shoulders from 10/22/13 showed well aligned glenohumeral articulations without bone spurring or misalignment; joint space was well preserved. The acromioclavicular joint showed moderate degenerative disease with inferior bone spurring on the right greater than left. The records provided for review also included radiographs of the cervical spine and an MRI of the cervical spine. This request is for a consultation with a shoulder specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with shoulder specialist-[REDACTED]:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 127.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for consultation with a shoulder specialist is recommended as medically necessary. According to the ACOEM Guidelines, consultations aid in the diagnosis, prognosis, therapeutic management, determination in medical stability, permanent residual loss and/or examining fitness for return to work. The consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The claimant has attempted, failed and exhausted numerous conservative treatments and still continues to have subjective complaints and some abnormal physical examination findings. At this point, it would be medically reasonable to proceed with a consultation with a shoulder specialist.