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| <b>Case Number:</b>   | CM14-0079494 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 02/10/2011 |
| <b>Decision Date:</b> | 08/15/2014   | <b>UR Denial Date:</b>       | 05/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/30/2014 |

### 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 Orthopaedic 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 male sustained an industrial injury on 2/10/11. The mechanism of injury was not documented. The right shoulder MRI findings demonstrated a SLAP tear, acromioclavicular joint arthrosis, rotator cuff tendinosis, and downward sloping acromion Type 2. Conservative treatment included physical therapy, medications, and home exercise program. Records documented right shoulder abduction weakness 3+/5 and significant laxity. The 4/8/14 treating physician report cited mild improvement with Voltaren gel and oral Tramadol. The pain was worse with overhead activity, pushing, pulling, and steering the Muni vehicle. Difficulty was reported with physical therapy in terms of increased pain with strengthening and manipulation. Right shoulder exam documented 180 degrees abduction and 170 degrees flexion. Clicking was palpable over the shoulder with range of motion. There was moderate focal tenderness over the subscapularis, supraspinatus, and biceps tendon. He demonstrated positive Neer's and empty can signs and Crank's sign with internal rotation. The diagnosis was right shoulder sprain, rotator cuff tendinitis. An orthopedic consult was requested to opine whether the patient is a surgical candidate. Additional physical therapy had been denied. Pain was persistent and the patient remained at full duty. The 5/20/14 utilization review denied the request for orthopedic surgery consultation as there was no current documentation of functional limitation, failure of conservative treatment, and no documented imaging findings to support medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION WITH AN ORTHOPEDIC SURGEON FOR THE RIGHT SHOULDER PER 4/18/14 REPORT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young workers, glenohumeral dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. The Guideline criteria have been met. Records indicate that the patient has positive imaging findings of a SLAP tear and suggestive of impingement. Clinical exam findings are consistent with imaging. The patient has failed to progress with physical therapy which was poorly tolerated. Therefore, this request for consultation with an orthopedic surgeon for the right shoulder is medically necessary.