

<b>Case Number:</b>	CM14-0137954		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a 30 year old female, who sustained an industrial injury on August 5, 2013. The diagnoses have included cervical spine sprain/strain, bilateral shoulder sprain/strain, cervicgia, cervical disc protrusion, left shoulder tendonitis, right shoulder effusion/sprain /AC/OA/RC/tear/impingement, and stress. Treatment to date has included physical therapy, chiropractic treatments, and medications. Currently, the injured worker complains of neck and bilateral shoulder pain. The Primary Treating Physician's report dated July 7, 2014, included computerized muscle testing which was noted to show cervical spine and bilateral shoulder restricted range of motion (ROM). On July 31, 2014, Utilization Review non-certified one orthopedic consultation, noting there was no documentation of specific nerve root disturbances, and no red flag findings requiring specialist evaluation were present. The MTUS American College of Occupational and Environmental Medicine Guidelines was cited. On August 25, 2014, the injured worker submitted an application for IMR for review of one orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One ortho consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 209-210.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7.

**Decision rationale:** Guidelines indicate that patients with evidence of severe spinal disease or severe, debilitating symptoms that failed conservative therapy after 4-6 months, and has physiologic evidence of specific nerve root compromise which is confirmed by appropriate imaging studies, can be expected to benefit from a specialist evaluation. In this case, the patient complained of neck and bilateral shoulder and neck pain. Her symptoms were well correlated, there were no specific nerve root disturbances, and her signs and symptoms were improving. Thus, the request for ortho consultation was not medically appropriate and necessary.