

<b>Case Number:</b>	CM14-0201086		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 50 year old patient with date of injury of 03/03/2014. Medical records indicate the patient is undergoing treatment for disorders sacrum, arthralgia sacroiliac joint, degenerative lumbar intervertebral disc, disorder of sacrum, arthralgia of pelvis region and thigh. Subjective complaints include right shoulder, lumbar spine, right buttock, right posterior thigh and anterolateral calf pain, rated 6/10. Objective findings include painful right SI joint on thigh thrust, Gaensien, FABER, distraction/external rotation positive. MRI of lumbar spine dated 10/18/2014 revealed L3-4 central focal disc herniation that abuts the thecal sac, the neurofoamina are patent, disc measurements; straightening of the lumbar lordosis which may be due to myospasm, no other significant findings noted. MRI of right shoulder dated 11/08/2014 revealed soft tissue anchors in the humeral head due to prior rotator cuff repair, tears of suprapinatus and infraspinatus tendons, minimal subacromial and subscapularis bursitis, minimal glenohumeral joint effusion, osteoarthropathy of acromioclavicular joint, biceps tenosynovitis, paralabral cyst at the posterior aspect of glenoid, tear of superior glenoid labrum. Treatment has consisted of surgical intervention, physical therapy, and chiropractic therapy, Prilosec, Naproxen, Metformin and Norco. The utilization review determination was rendered on 11/24/2014 recommending non-certification of Referral to [REDACTED] for 2nd Surgery Consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to [REDACTED] for 2nd Surgery Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 web based edition, and the Non-MTUS ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 208-209, 289, 296.

**Decision rationale:** ACOEM states for a shoulder injury "Referral for surgical consultation may be indicated for patients who have: - Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.)- Activity limitation for more than four months, plus existence of a surgical lesion- Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion- Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair". ACOEM states for neck and upper back injuries "The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Referral for surgical consultation is indicated for patients who have:- Persistent, severe, and disabling shoulder or arm symptoms- Activity limitation for more than one month or with extreme progression of symptoms- Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term- Unresolved radicular symptoms after receiving conservative treatment." ACOEM states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." The treating physician has not provided the specific goal of the orthopedic referral and has not provided documentation to meet the above ACOEM guidelines for referral to an orthopedic specialist for shoulder, neck, and/or low back complaints. As such the request for referral to [REDACTED] for 2nd surgery consult is not medically necessary.