

Case Number:	CM14-0202425		
Date Assigned:	12/15/2014	Date of Injury:	07/06/1981
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 52 year old female with a date of injury of 07/06/1981. She is being treated for left shoulder sprain/strain/tendonitis/impingement, left epicondylitis and left wrist tendonitis. In 2013 the left shoulder had 4/5 strength and decreased range of motion. On 06/25/2014 she had a right hip arthroplasty. On 10/21/2014 she had left shoulder tenderness of the bicep tendon and acromioclavicular joint. There was muscle spasm and a decreased left shoulder range of motion. She had an abnormal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult for Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-220.

Decision rationale: There is no documentation of any red flag symptoms. There is no documentation of any documented indication for surgery. Since neither is present there is no indication for a surgical consultation.

Left Shoulder Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation ODG, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: MTUS, ACOEM, chapter 9 page 214 notes that ultrasound evaluation of shoulder injures is not recommended. This is in Table 9 -6. Therefore this request is not medically necessary.