

<b>Case Number:</b>	CM14-0209760		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 49 year-old male with a 12/30/13 date of injury. According to the 10/27/14 orthopedic report, the patient has been diagnosed with scalp laceration; closed head injury; cervical, thoracic, lumbar strain; right-sided cervical radiculopathy; contusion and strain injury of the right hip and pelvis; internal derangement of the right knee; right rotator cuff tendinitis and impingement syndrome, probable labral tear; straining injury of chest; lumbar disc protrusion L4, L5/S1; and cervical disc protrusion at C5, C6 and C7. On the shoulder exam, the patient has positive right shoulder impingement sign, tenderness over the anterior cuff, positive grind, grade 4/5 rotator cuff strength. The plan included reevaluation with Dr. [REDACTED] for consideration of right shoulder surgery. The 9/12/14 right shoulder MRA revealed small anterosuperior labrum that may be torn; and infraspinatus enthesopathy. On 12/02/14 utilization review denied the consultation with Dr. [REDACTED] for the shoulder because the reviewer's opinion was there was no surgical lesion on MRI. The reviewer is in Texas with specialty in aerospace medicine and occupational medicine. The letter also states that the only reports reviewed were the 10/27/14 progress note and the 11/17/14 status report. There were comments on lumbar MRI, but there was no shoulder MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation with Dr. [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultations, page 127.

**Decision rationale:** The patient has injury to the head, neck, back, right hip, knee and right shoulder. He was cleaning a lamp and accidentally fell from 12-ft. The orthopedist treating physician noted right shoulder rotator cuff tendonitis and impingement as far back as 4/16/14. The patient had been through conservative care with PT, and acupuncture. He saw the shoulder specialist on 8/7/14, and the specialist requested a shoulder MRA. The MRA was performed on 9/12/14. The treating physician notes persistent shoulder pain, weakness and loss of motion despite conservative care and recommended a follow-up consult with the shoulder specialist. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient has not had the follow-up with Dr. [REDACTED] since the MRA was ordered. The treating physician believes the plan or course of care may benefit from additional expertise. The request is in accordance with ACOEM guidelines. The request for Re-evaluation with Dr. [REDACTED] IS medically necessary.