

<b>Case Number:</b>	CM15-0144065		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 1-23-12. The diagnoses have included left shoulder joint pain, persistent impingement syndrome, and history of left shoulder surgery. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections, physical therapy and other modalities. Currently, as per the physician progress note dated 7-8-15, the injured worker complains of continued left shoulder pain with catching and popping at the left shoulder as well as significant pain in the left shoulder area. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder dated 6-13-12 that reveals high grade partial bursal surface tear, probable posterior labral tear and acromioclavicular joint (AC) hypertrophy. The X-ray of the left shoulder dated 6-4-13 reveals interval resection at the acromioclavicular joint (AC) and mild degenerative joint disease (DJD) of the left shoulder. The objective exam reveals left shoulder range of motion with forward flexion is about 150 degrees and slow and painful when he proceeds past 90 degrees. There is moderate tenderness at the acromioclavicular joint (AC). Left shoulder abduction strength is decreased due to pain. There is crepitance over the left shoulder joint with active shoulder movement. The Hawkin's test and thumbs down abduction test were positive. Work status is modified as of 7-8-15 with restrictions. The physician requested treatment included follow up appointment with an ortho-surgeon for left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up appointment with an ortho-surgeon for left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 557.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the Official Disability Guidelines, follow-up appointment with orthopedic surgeon for the left shoulder is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are left shoulder joint pain; history of shoulder surgery. The date of injury is January 23, 2012. The documentation shows the injured worker underwent subacromial decompression and open distal clavicle resection and arthroplasty on July 7, 2012. The injured worker saw a second orthopedic surgeon for surgery on September 6, 2013. The second orthopedist requested a subacromial decompression and distal clavicle resection that was denied. Request for authorization is July 9, 2015. According to a July 8, 2015 progress note, [REDACTED] (orthopedic surgeon) is assuming the role of the primary treating provider. The treating provider administered a steroid injection to the left shoulder on July 9, 2015 date of service. The treating provider wants to refer the injured worker back to the second orthopedist for a repeat surgical evaluation. The treating provider administered the steroid injection to the left shoulder and, as a result, it would be prudent to reevaluate the patient post steroid injection to determine whether there was objective functional improvement prior to referring the patient to the second orthopedist. Consequently, a referral to a second orthopedist is premature based on the steroid injection provided. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and the recent steroid injection administered to the left shoulder, follow-up appointment with orthopedic surgeon for the left shoulder is not medically necessary.