

<b>Case Number:</b>	CM15-0146895		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 2-8-12. He has reported initial complaints of neck and bilateral shoulder injuries. The diagnoses have included shoulder pain, rotator cuff sprain right side and mood disorder. Treatment to date has included medications, activity modifications, diagnostics, right shoulder surgery, bracing, physical therapy and other modalities. Currently, as per the physician progress note dated 6-26-15, the injured worker complains of neck pain and radicular symptoms and bilateral upper extremity and right shoulder pain. He reports that the pain has increased since the last visit. The pain with medications is rated 4 out of 10 on the pain scale and without medications is rated 9 out of 10 and his sleep quality is poor. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, X-ray of the right shoulder, Magnetic Resonance Imaging (MRI) of the right shoulder and electromyography (EMG) nerve conduction velocity studies (NCV) of the bilateral upper extremities. The physical exam reveals cervical range of motion is restricted and limited by pain, there is cervical tenderness and Spurling's maneuver causes pain in the neck and radiates to the upper extremity. The right shoulder movements are restricted and limited by pain with flexion limited to 38 degrees, extension limited to 18 degrees and abduction limited to 33 degrees. The Hoffman's sign is positive on the right. Work status is modified duty. The physician requested treatment included 1 Referral to spine surgeon for submitted diagnosis of shoulder pain (right) as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Referral to spine surgeon for submitted diagnosis of shoulder pain (right), as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127 Official Disability Guidelines, Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Office Visit and pain chapter Page(s): 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. This case, the claimant had undergone prior arthroscopic surgery of the right shoulder. Another MRI of the shoulder was ordered but results are not provided to justify consultation or surgical necessity with a spine surgeon. Spine surgeon necessity related to a shoulder disorder is not clarified. The request is not medically necessary.