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| <b>Case Number:</b>   | CM15-0164017 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 03/14/2013 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 07/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62-year-old female who sustained an industrial injury on 03-14-2013. The injured worker was diagnosed with right shoulder impingement, biceps tendinitis and right acromioclavicular degenerative joint disease. The injured worker is status post right shoulder subacromial decompression in April 2014. Treatment to date has included surgery, physical therapy (24-30 sessions completed), steroid injections, transcutaneous electrical nerve stimulation (TEN's) unit, heat, home exercise program and medications. According to the primary treating physician's progress report on June 11, 2015, the injured worker continues to experience right shoulder pain radiating to the elbow rated as 2-3 out of 10 on the pain scale. Examination demonstrated improvement with active range of motion with abduction and flexion and decreased range of motion with passive range of motion of the right shoulder. There was some right deltoid swelling noted with positive cross-arm test. Current medications were listed as Tylenol, Ibuprofen and topical analgesics. Treatment plan consists of treatment options, continuing medication regimen, home exercise program and the current request for orthopedic specialist consultation for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an Orthopedic Specialist (Right Shoulder):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Shoulder Procedure Summary, Online Version, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** The injured worker sustained a work related injury on 03-14-2013. The medical records provided indicate the diagnosis of right shoulder impingement, biceps tendinitis and right acromioclavicular degenerative joint disease. Treatments have included surgery, physical therapy (24-30 sessions completed), steroid injections, transcutaneous electrical nerve stimulation (TEN's) unit, heat, home exercise program and medications. The medical records provided for review do not indicate a medical necessity for Consultation with an Orthopedic Specialist (Right Shoulder). The medical records indicate the injured worker is already under the care of an orthopedist. However, the records indicate a different doctor will be taking over her care, but the records did not explain whether this other doctor will be taking over the orthopedic care; besides the injured worker was at the same time told to follow up with the orthopedics doctor already taking care of the worker. Therefore, it is not clear from the request why the injured worker needs to consult with a separate orthopedist when she already has one. This request is not medically necessary. The MTUS indications for surgical consultations include: 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.