

<b>Case Number:</b>	CM15-0182744		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 12-18-12. The injured worker was diagnosed as having tendinopathy left shoulder; lumbar sprain-strain with degenerative disc disease; cervical sprain-strain; chronic spondylosis; insomnia due to pain. Treatment to date has included status post right shoulder inclusive rotator cuff repair, partial acromionectomy; release of the coraco-acromial ligament, Mumford procedure (2-27-15); physical therapy; cortisone injection; medications. Diagnostics studies included MRI right shoulder (1-12-15). Currently, the PR-2 notes dated 8-24-15 indicated the injured worker reports ongoing bilateral shoulder pain. He reports it was recommended he have surgery on his left shoulder and this was denied. He has already undergone surgery on the right shoulder on 2-27-15. This was reports as status post right shoulder inclusive rotator cuff repair, partial acromionectomy; release of the coraco-acromial ligament, Mumford procedure (2-27-15). The injured worker reports he was told to go back to work with restrictions after the right shoulder surgery. He reports he is unable to perform his job duties because of the severity of his pain in his shoulders. The provider documents his pain is rated at "8 out of 10 in both shoulders." On physical examination, the provider documents "Right shoulder exam reveals limited range of motion. He can laterally abduct 90 degrees, full forward flex 130 degrees, extend 30 degrees, internally and externally rotate 30 degrees with a positive impingement sign. Left shoulder exam reveals limited range of motion. He can laterally abduct 140 degrees, full forward flex 130 degrees, extend 30 degrees, internally and externally rotate 30 degrees with a positive impingement sign with crepitus on circumduction passively with positive impingement sign.

Neck and back exams continue to reveal limited range of motion. Motor strength, sensation and deep tendon reflexes are otherwise grossly intact. He can ambulate on his toes and heels." The provider continues documentation with his "Impression" noting 1) status post right shoulder arthroscopy with ongoing limited range of motion and pain. 2) Ongoing tendinopathy in the left shoulder. MRI revealing a deficient labrum. 3) Nonindustrial right inguinal hernia repair with complications. 4) History of anxiety and depressive disorder. 5) History of lumbar sprain-strain with degenerative joint disease. 6) History of cervical sprain-strain with chronic spondylosis. 7) History of dyspepsia from medications stable with omeprazole. 8) Insomnia due to pain, stable with Ambien." His treatment plan includes requesting again an orthopedic consult second opinion. A Request for Authorization is dated 9-17-15. A Utilization Review letter is dated 9-15-15 and non-certification was for a Second opinion orthopedic consult. Utilization Review non-certified the requested treatment for not meeting the ACOEM Guidelines. Utilization Review stated: "An Orthopedic surgeon previously recommended left shoulder surgery, but the surgery was not approved. The purpose of the second opinion is noted to be to pursue left shoulder surgery that was already recommended. As left shoulder surgery was already not approved, the patient had right shoulder surgery without improvement; it is unclear how a second opinion would affect the treatment course. Thus, it is not shown to be medically necessary." A request for authorization has been received for a Second opinion orthopedic consult.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Second opinion orthopedic consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, specialty referral.

**Decision rationale:** The patient presents with tendinopathy left shoulder, lumbar sprain-strain with degenerative disc disease; cervical sprain-strain; chronic spondylosis; insomnia due to pain. The patient is status post right shoulder inclusive rotator cuff repair; partial acromionectomy; release of the coraco-acromial ligament, Mumford procedure dated 2/27/15. Currently the patient complains of ongoing bilateral shoulder pain. The patient reports that it was recommended that he have surgery on his left shoulder and that this was denied. The current request is for a second opinion orthopedic consult. The treating physician states in the treating report dated 8/13/15 (362B), "I will also request authorization for a second opinion orthopedic consult with, to evaluate his left shoulder complaints and see if he is in need of surgery." The Utilization Review (UR) dated 9/15/15 (8A) denied the requested treatment based upon the fact that a prior Orthopedic consult recommended surgery to the left shoulder but a subsequent UR denied the surgical request. ACOEM guidelines state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery may be required. The current request is medically necessary.

