

<b>Case Number:</b>	CM15-0020479		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

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:

This 41 year old female sustained an industrial injury on 12/17/12 while lifting a 50 pound pot. She subsequently reports left shoulder, low back and neck pain. Diagnoses include cervical sprain/ strain, cervical DDD, left shoulder sprain/ strain, lumbar sprain/ strain and lumbar disc disease with radiculitis. Treatment to date has included chiropractic care, acupuncture, injections, physical therapy and narcotic pain medications. The injured worker was seen on 11/29/14 at which time she reported ongoing left shoulder pain. She is working full time. Physical examination revealed decreased shoulder range of motion and pain with rotator cuff resistance, Orthopedic consult for the shoulder is recommended. On 1/6/15, Utilization Review non-certified the request for Orthopedic consultation for the left shoulder. The Orthopedic consultation for the left shoulder was denied based on MTUS, ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultation for the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80, 92.

**Decision rationale:** According to ACOEM Guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry. According to ACOEM guidelines, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. In this case, the injured worker is over two years status post injury and remains with shoulder pain and positive physical examination findings despite conservative care management. At this juncture, the request for specialty referral would be supported. The request for Orthopedic consultation for the left shoulder is medically necessary.