

<b>Case Number:</b>	CM15-0029209		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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:

This 53 year old male sustained a work related injury on 05/20/2014. According to a progress report dated 01/17/2015, the injured worker continued having difficulties with his shoulders. He had significant stiffness as well as pain that radiated up to the base of his neck and numbness and pain into his radial four digits. With abduction to approximately 90 degrees he felt a clunk in his shoulder and the clunk was quite painful. Physical examination revealed limited range of motion in the neck. He could left and right rotate approximately 40 degrees, extend 10 degrees and forward flex approximately 3 centimeters chin to chest, abduct to approximately 60 degrees, external rotate to approximately 20 degrees and internally rotate his thigh. MRI revealed tendinopathy of the supraspinatus tendon. There were no signs of any full thickness tendon tear or retractions. There was minimal superior labral flaring. Plan of care included referral to another provider for ongoing management of left shoulder, physical therapy for the neck and shoulder and follow up in three months. On 01/30/2015, Utilization Review non-certified transfer of care to a shoulder specialist (ortho surgeon). According to Utilization Review physician, the clinician should judiciously select and refer to specialist who will support functional recovery as well as provide expert medical recommendations. CA MTUS ACOEM Practice Guidelines page 80 was referenced. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to a shoulder specialist (Ortho surgeon):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** Referral for surgical consultation may be indicated for patients who have red-flag conditions such as acute rotator cuff tear in a young worker, or glenohumeral joint dislocation, 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, or clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. In this case there is no documentation that the patient has a lesion that will benefit from surgical repair. Medical necessity has not been established. The request should not be authorized.