

<b>Case Number:</b>	CM15-0029836		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44-year-old male who sustained an industrial injury on 10/08/13. Injury occurred when he was lifting trash container. He underwent right shoulder arthroscopic SLAP repair, rotator cuff repair, subacromial decompression, distal clavicle excision, and debridement of glenohumeral synovitis and subacromial bursitis on 6/19/14. He failed to improve following surgery. The 11/10/14 right shoulder MR arthrogram impression documented no evidence to suggest high-grade rotator cuff pathology. The 12/8/14 orthopedic report indicated that the patient had received a corticosteroid injection on the last visit with no response at all. The shoulder remained weak and painful. Physical exam documented near full range of motion except external rotation. Impingement, relocation, and apprehension tests were positive. The diagnosis was SLAP tear. The injured worker had failed conservative treatment. The treatment plan recommended right shoulder arthroscopy with likely biceps tenodesis. The 1/29/15 treating physician report cited grade 7-8/10 right shoulder pain. Physical exam documented posterior shoulder girdle tenderness. Range of motion was abduction 90 and flexion 90 degrees with pain at end range. The treatment plan recommends referral to orthopedic surgery for evaluation and treatment. On 2/10/15, utilization review non-certified a referral to an orthopedist for evaluation and treatment, right shoulder, noting the injured worker was under the care of an orthopedic surgeon for the right shoulder, with no discussion of the medical rationale that would support a referral to another orthopedic surgeon for the right shoulder injury. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines was cited. On 2/18/15, the injured worker submitted an application for IMR.

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

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

**Referral to an Orthopedist for Evaluation and Treatment, Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): (s) 112, 127.

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

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have red-flag conditions, activity limitation for more than four months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. Ongoing treatment by an orthopedic surgeon is noted in the provided medical records. The rationale for this particular referral for evaluation and treatment is not documented. Additionally, the medical necessity of unspecified treatment cannot be established. Therefore, this request is not medically necessary.