

<b>Case Number:</b>	CM15-0039378		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/19/2009
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 61-year-old male who sustained an industrial injury on 04/19/2009. According to the Agreed Medical Examination dated 10/7/14, the IW reported intermittent discomfort in the right shoulder, rated 6-7/10. He cannot fully extend the arm or lift it over his head. The IW was diagnosed with disorders of the bursae and tendons in the shoulder region. Treatment to date has included medications, shoulder joint steroid injections, Synvisc injections, Orthovisc injections, physical therapy and surgery. Diagnostic testing included x-rays, ultrasound and MRI. The Utilization Review (UR) on 02/04/2015 non-certified the requested service/treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21 -42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, preoperative testing, general.

**Decision rationale:** According to the attached medical record the injured employee's most recent surgery was performed on July 1, 2014. The most recent progress note, dated September 17, 2014 does not include any documentation of an approved or scheduled future surgery. As such, this request for a medical clearance is not medically necessary.