

<b>Case Number:</b>	CM15-0048694		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	07/06/1981
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Arizona, 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:

The injured worker is a 52 year old female who sustained an industrial injury on 7/5/81. The mechanism of injury was not mentioned. She currently complains of bilateral hip pain and left shoulder pain with decreased range of motion. Diagnoses include left hip osteoarthritis; stable right total hip arthroplasty (6/25/14); right hip iliopsoas tendinitis with snapping; left shoulder strain/ tendinitis/ impingement/ biceps; left elbow lateral epicondylitis and left wrist tendinitis, status post bilateral carpal tunnel release (1987). Treatments to date include non-steroidal anti-inflammatories which were not effective; acupuncture; physical therapy; cortisone injection to the left shoulder. Diagnostics include hip x-rays (1/12/15); left shoulder ultrasound (4/13) which was abnormal; MRI of the left shoulder (1/14/15). In the progress note date 2/12/15 the treating provider's plan of care included a request for surgical consult for the left shoulder. The injured worker has pain from her industrial injury that is supported by physical findings including pain, loss of motion, and positive orthopedic tests and would benefit from a surgical consult for consideration of possible left shoulder arthroscopy since she failed to improve with conservative management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 surgery consultation with [REDACTED] in consideration of left shoulder arthroscopy:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the guidelines, shoulder surgery is recommended for rotator cuff tear, subacromial decompression or capsular shift surgery. The MRI of the shoulder from 1/14/15 showed degenerative changes but no rotator tear. There is no indication for surgery or arthroscopy based on the guidelines and imaging. The request for consultation at this time is not medically necessary.