

Case Number:	CM15-0050298		
Date Assigned:	03/23/2015	Date of Injury:	06/28/2000
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 with an industrial injury dated 06/28/2000. She has multiple diagnoses which include cervical radiculopathy with sprain/strain, cervical disc bulging asymmetric right and left, right hand shoulder syndrome, status post right shoulder surgery in 2011 and left de Quervain's disease. Prior treatments included surgeries, diagnostics and medications. Progress note dated 01/29/2015 notes the injured worker complained of pain in bilateral shoulders with incomplete range of motion. Physical examination is documented as showing evidence of neuropathy of the median and ulnar nerves. The provider was requesting an orthopedic shoulder surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoulder surgery consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Second Edition (2004), Chapter 7, page 127.

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 dislocation, clavicle resection, rotator cuff repair, capsular shift surgery for instability, and subacromial decompression. According to the clinical notes, the claimant has reduced range of motion of the shoulder without mention of the above diagnoses. The indication for surgery is not specified and a referral to an orthopedic surgeon is not medically necessary.