

<b>Case Number:</b>	CM15-0053562		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 Jersey, New York  
 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 was a 37-year-old female, who sustained an industrial injury, August 28, 2013. The-injured worker previously received the following treatments Naproxen, Omeprazole, Orphenadrine, Ibuprofen and physical therapy. The injured worker was diagnosed with cervicalgia, neck pain, sprain of the neck, right shoulder strain, thoracic spine strain and right shoulder impingement syndrome. According to progress note of February 12, 2015, the injured workers chief complaint was right shoulder pain, which was aggravated by attempting to left, reaching and pushing activities. The physical exam noted tenderness of the subacromial bursa with positive Neer's, Hawkin's and Jobe's impingement signs. There was tenderness of the acromioclavicular joint with decreased range of motion and increased pain. According to the progress note the injured worker was not responsive to conservative treatment. The treatment plan included an orthopedic surgical consultation for the cervical, thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an orthopedic surgeon:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. According to the chart, the patient has failed conservative therapy for her right shoulder impingement syndrome right clavicle arthrosis. She has had physical therapy, home exercises, injection, and used anti-inflammatory without improvement. Therefore, a referral is warranted at this time. In addition, surgery was recommended which would require continued follow-up with an orthopedist. The request is considered medically necessary.

**Unspecified treatment with an orthopedist, cervical, thoracic, lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. However, there is no specific documentation of what treatment the patient had for her spine complaints. A referral is indicated if she had failed conservative treatment but there is no documentation of this. The chart mostly refers to treatment of her right shoulder. Therefore, referral and treatment by an orthopedist for her spine complaints is not medically necessary at this time given the lack of documentation.