

<b>Case Number:</b>	CM15-0081607		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/20/2015
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 is a 28 year old male, who sustained an industrial injury on 02/02/2015. He reported injuring his right shoulder. The injured worker is currently diagnosed as having biceps tendinitis and superior labral tear from anterior to posterior. Treatment and diagnostics to date has included physical therapy, ice, right shoulder MRI, and medications. In a progress note dated 03/25/2015, the injured worker presented with complaints of right shoulder pain. The treating physician reported requesting authorization for orthopedic surgeon consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with orthopedic surgeon, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Shoulder Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 209-210.

**Decision rationale:** The request for an orthopedic surgeon is not medically necessary at this time. According to MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." In regards to the shoulder, a referral is warranted for a red flag condition including a tear or dislocation. On MRI, the patient was diagnosed with tendinosis with no evidence of a tear. An MR arthrogram was recommended as a follow-up study if a tear was a concern. Until the test is done, the patient does not have a surgical lesion that would require a referral to an orthopedic. Therefore, the request is considered not medically necessary.