

<b>Case Number:</b>	CM15-0233091		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old female who sustained an industrial injury on 11-3-14. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder arthralgia, right shoulder internal derangement and labral tear. Medical records dated 10-26-15 indicate pain rated at 6 out of 10. Provider documentation dated 10-26-15 noted the work status as temporary totally disabled. Treatment and diagnostics have included Naproxen, electromyography, nerve conduction velocity study, transdermal compound medications, chiropractic treatments, ice, and physical therapy. Objective findings dated 10-26-15 were notable for acromioclavicular joint tenderness, positive Neer's test, "audible crepitation of flexion and extension of the shoulder" and decreased shoulder range of motion. The original utilization review (11-6-15) denied a request for an orthopedic referral for right shoulder and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic referral for right shoulder and right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational

and Environmental Medicine) page 127 and Official Disability Guidelines (ODG) Low Back Chapter Evaluation and Management (E&M).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The injured worker sustained a work related injury on 11-3-14. The medical records provided indicate the diagnosis of right shoulder arthralgia, right shoulder internal derangement and labral tear. Treatments have included Naproxen, electromyography, transdermal compound medications, chiropractic treatments, ice, and physical therapy. The medical records reveal the injured worker has right shoulder and wrist pain, with a physical finding of Positive Neer impingement sign. MRI right shoulder revealed Labral tear. Also, she is suspected to have right wrist Dequarvain Tenosynovitis. The above problems persisted despite conservative treatments. The MTUS recommends surgical referral for conditions that include: "Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); "Activity limitation for more than four months, plus existence of a surgical lesion; "Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; "Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Similarly, for the Wrist, the MTUS states, "Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis." According to the Utilization review report dated 11/06/15, an earlier request for orthopedic referral for right shoulder and right wrist was denied on 7/1/15, but was later overturned by an Independent review. Therefore, this request has already been determined to be medically necessary. Based on the fact that an earlier independent medical review had determined an Orthopedic referral for right shoulder and right wrist to be medically necessary, the subsequent requests are not medically necessary.