

<b>Case Number:</b>	CM14-0124955		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] who has filed a claim for shoulder pain reportedly associated with an industrial injury of March 14, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated July 25, 2014, the claims administrator apparently approved an orthopedic referral for consultation and treatment recommendations, denied an orthopedic shoulder surgery consultation, and denied unspecified treatment through said orthopedic shoulder surgeon. The claims administrator did reference a July 15, 2014 progress note in which the applicant was given a diagnosis of complete rotator cuff rupture. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines in its decision and mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. In a July 17, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant had apparently consulted an orthopedic surgeon who had recommended pursuit of a surgical procedure for pain relief purposes. The applicant was severely obese, with a BMI of 38. Abduction was limited to 90 degrees. Motrin was refilled. A rather proscriptive 20-pound lifting limitation was endorsed. In a July 16, 2014 progress note, the applicant was again described as having heightened complaints of shoulder pain. Abduction was limited to 120 degrees. The applicant was having difficulty lifting articles weighing greater than 20 pounds. The applicant was severely obese, with a BMI of 39. The applicant was given a diagnosis of complete ruptured rotator cuff. A shoulder surgery consultation was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder orthopedic consult RFA 7/16/14 qty: 1.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 209, referral for surgical consultation is indicated for applicants who have clear clinical and imaging evidence of a lesion shown to benefit from surgical repair who have failed to increase range of motion and strength even after exercise programs. In this case, the applicant does have evidence of a complete thickness rotator cuff tear, which has proven recalcitrant to time, medications, physical therapy, acupuncture, etc. Significant functional impairment persists. A 20-pound lifting limitation remains in place. The applicant has failed to return to regular duty work. The applicant has significant range of motion deficits. Obtaining the added expertise of an orthopedic shoulder surgeon was indicated. Therefore, the request was medically necessary.

**Right shoulder orthopedic treat (unspecified) RFA 7/16/14 qty: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** While ACOEM Chapter 9, Table 9-6, page 214 does recommend rotator cuff repair surgery in applicants in whom a firm diagnosis has been made and rehabilitation efforts have failed, in this case, however, the nature of the treatment at issue was not specified. It was not clearly stated whether or not the 'treatment' issue represented a request for rotator cuff repair surgery, a shoulder corticosteroid injection, or additional physical therapy. The request, thus, cannot be endorsed owing to its imprecise. Therefore, the request was not medically necessary.