

<b>Case Number:</b>	CM14-0133090		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Family Practice 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:

This is a 52 year old female claimant that sustained a work injury on 7/20/12 involving the shoulders. She was diagnosed with rotator cuff syndrome and shoulder strain. A progress note on 7/14/14 indicated the claimant had 3/10 shoulder and neck pain. She had used oral analgesics for pain and was undergoing physical therapy. Exam findings were notable for 90% range of motion and scattered crepitus, and her strength was noted to be improving. These findings were stable and similar 2 months prior. The treating physician requested additional evaluation/permission to treat the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Permission to Treat the Left Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 216. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Pain and office visits.

**Decision rationale:** According to the ODG guidelines, evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis, and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. According to the ACOEM guidelines, follow-up visits are needed if there is change in symptoms, red flag findings, exacerbation or recurrent symptoms. In this case, the claimant was undergoing therapy. The findings were stable and chronic. Reassurance is needed to assure expected recovery. The need for further evaluation of the shoulder is not medically necessary.