

<b>Case Number:</b>	CM14-0133510		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Orthopedic Surgery 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 claimant is a 54-year-old, gentleman who injured his head, neck, and right shoulder on 02/12/13 when he fell off of a board. The clinical progress report dated 07/11/14 noted complaints of right shoulder pain and weakness. Physical examination showed discomfort with range of motion, tenderness over the acromioclavicular and subacromial joints and trapezial spasm. There was positive impingement, Yergason, and cross arm testing. Motion was limited to 95 degrees of abduction and 105 degrees of flexion. The report documented that the claimant failed conservative treatment and referral to an orthopedic specialist for assessment was recommended. The records did not identify specific conservative care or contain any imaging reports.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Consultation 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 Indications for Surgery - Rotator Cuff Repair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, surgical referral for the claimant's shoulder would not be indicated. The records for review indicate weakness and restricted motion, but fail to demonstrate specific conservative treatment or imaging results that would be indicative for the need for surgery. Without documentation of the above, the request for surgical referral for this claimant's right shoulder would not be supported.