

<b>Case Number:</b>	CM14-0211537		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 patient with a date of injury of July 30, 2009. A utilization review determination dated November 25, 2014 recommends noncertification for "ortho 2nd opinion for shoulder." Noncertification was recommended since the patient already had a treatment plan in place with no discussion as to why a 2nd opinion would be needed. A report dated November 18, 2014 identifies ongoing right shoulder pain with lesser left shoulder pain. Physical examination findings revealed decreased range of motion in both shoulders. Diagnoses include right shoulder impingement syndrome and left shoulder strain. Future medical care states that indications for surgery are present but the patient does not want surgery at this time. Left shoulder surgery is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho 2nd Opinion for the 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) Treatment Index, 11th Edition (web), 2014, Shoulder (Acute & Chronic) Office Visit

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the patient is not interested in surgery at the present time. Additionally, if surgery is being sought, a surgical plan seems to already have been discussed. It is unclear why an orthopedic 2nd opinion for the shoulder would be needed at the current time. In the absence of clarity regarding that issue, the currently requested ortho 2nd opinion for the shoulder is not medically necessary.