

<b>Case Number:</b>	CM15-0013157		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Ohio, California

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 45 year old male injured worker suffered an industrial injury on 10/28/2013. The diagnosis was pain in right shoulder. The treatments were medications, acupuncture, and chiropractic and massage therapy. The treating provider reported right shoulder, upper back, low back, right wrist, right foot and ankle pain. The Utilization Review Determination on 1/15/2015 non-certified: 1. surgical consultation for right shoulder, citing MTUS. 2. right shoulder magnetic resonance imaging, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical consultation for right shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, page 210, counseling regarding outcomes, risks and benefits, and expectations is very important in applicants in whom surgery is a consideration. Here, the attending provider has stated that the applicant is intent on pursuing a surgical remedy involving the injured shoulder. Obtaining the added expertise of a shoulder surgeon, thus, is crucial here. The applicant has clinical and radiographic evidence of rotator cuff tear established via MRI imaging of October 13, 2013, the treating provider has further noted. Moving forward with surgical consultation of the right shoulder, thus, is indicated. Therefore, the request is medically necessary.

**Right shoulder MRI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is recommended in the preoperative evaluation of partial-thickness or full-thickness rotator cuff tears. Here, the applicant has an established diagnosis of partial-thickness rotator cuff tear, the treating provider has posited. The applicant is reportedly intent on pursuing a surgical remedy for the same. Earlier shoulder MRI imaging of October 2013 is apparently too dated for preoperative planning purposes. Obtaining shoulder MRI imaging for preoperative planning purposes, thus, is indicated here. Therefore, the request is medically necessary.