

<b>Case Number:</b>	CM15-0018260		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/06/2005
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 54 year old male, who sustained an industrial injury on October 6, 2005. The diagnoses have included pain in join shoulder and cervical and lumbar displacement without myelopathy. A progress note dated January 13, 2015 provides the injured worker has persistent cervical and back pain with shoulder pain reduced with his arm at his side and worsening with supination. He reports corticosteroid injections have helped as well as oral opioids. The plan is for surgical evaluation to determine if the injured worker is a surgical candidate. All diagnostic studies are from 2009 or before and it is the opinion of the provider more current studies are needed. On January 20, 2015 utilization review non-certified a request for follow-up evaluation with an orthopedic surgeon for the right shoulder The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 24, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up evaluation with an orthopedic surgeon for the 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 (ODG), Shoulder Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 196-212.

**Decision rationale:** The patient has chronic shoulder pain since 2005. There is no documentation of a recent trial and failure of physical therapy for shoulder pain. MTUS criteria for follow-up visit with an orthopaedic specialist not met. There are no red flags for surgery documented. More conservative measures are needed.