

Case Number:	CM15-0110026		
Date Assigned:	06/11/2015	Date of Injury:	02/24/2014
Decision Date:	09/25/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on February 24, 2014, incurring left shoulder and left upper extremity injuries. She was diagnosed with neuralgia the upper left arm and left shoulder. Treatment included pain medications, physical therapy, rest, and restricted activities. Electromyography studies were unremarkable. Currently, the injured worker complained of persistent pain in her shoulders. She noted paresthesia and numbness in the left hand and tenderness in the left elbow. The treatment plan that was requested for authorization included a consultation with an orthopedic shoulder specialist for symptoms related to shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with orthopedic shoulder specialist, for symptoms related to shoulder pain:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Shoulders, Surgical Consult, pages 209-210.

Decision rationale: The patient has shoulder pain. Submitted reports have not demonstrated acute flare-up changes, new injury, limitations in ADLs, or deteriorating clinical findings to support for the orthopedic consult. Exam is without specific positive orthopedic testing, significant findings on imaging with surgical pathology. Additionally, reports have not identified any surgical lesion or indication for surgical consult when the patient is without red-flag conditions. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Consultation with orthopedic shoulder specialist, for symptoms related to shoulder pain is not medically necessary and appropriate.