

<b>Case Number:</b>	CM15-0126459		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 51 year old female with an industrial injury dated 03/11/2011. The injured worker's diagnoses include degeneration of cervical intervertebral disc, cervicgia and cervical spondylosis without myelopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In the most recent progress note dated 03/24/2015, the injured worker presented for post-operative cervical surgery on 3/11/2015. The treating physician reported no new neurological symptoms, well-controlled pain and that the injured worker had been complaint with wearing cervical brace at all times. Objective findings revealed mild post-operative swelling anterior neck wound, diffuse tenderness over paraspinal muscles and decrease upper extremity sensation radially in the hand and forearm. The treating physician prescribed services for shoulder evaluation with a specialist now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Evaluation with a specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines: Chapter 7: Independent Medical Examinations and Consultations, page 127.

**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:** With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. In this case of this request, the submitted documentation fail to indicate the nature of the shoulder pain, the conservative measures for the shoulder tried to date, and any red flag symptoms related to the shoulder. Due to a lack of documentation, the request for specialty consultation for the shoulder is not medically necessary.