

<b>Case Number:</b>	CM15-0022397		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Internal 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:

Treatments have included an MRI of the right shoulder on 01/29/2015, an x-ray of the right forearm on 01/30/2015, physical therapy, a home exercise program, a right shoulder injection, a right subacromial and subdeltoid steroid injection, and an oral anti-inflammatory medication. The Doctor's First Report of Occupational Injury and Physiatry/Pain Management Consultation report dated 12/24/2014 indicates that the injured worker complained of right shoulder pain. She rated her pain 9 out of 10. Use of the right shoulder caused pain in the shoulder up to her neck, with right-sided headaches. The injured worker was unable to shower and dress herself. An examination of the right shoulder showed the right shoulder being held a little higher than the left, tenderness to palpation over the acromioclavicular (AC) joint and severe over the lateral aspects of the joint and posterior aspect of the joint, shoulder hiking on active abduction, decreased range of motion, normal muscle strength, and decreased sensation in the right upper extremity. The adduction test and impingement test was not able to be performed due to pain. The treating physician requested a surgical consultation to evaluate if the injured worker was a candidate for surgery. On 01/07/2015, Utilization Review (UR) denied the request for a surgical consultation, noting that the injured worker did not have relevant testing results. The request does not meet guidelines criteria. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The psychiatry pain management consultation report dated December 24, 2014 documented the diagnoses of right shoulder pain, right carpal tunnel syndrome, and right forearm pain. The treatment plan included requests for MRI magnetic resonance imaging of the right shoulder and X-ray of the right forearm. EMG electromyography and nerve conduction study to rule out carpal tunnel syndrome in the right hand were requested. The physician requested a surgical consult to evaluate if patient is a candidate for surgery. Medical records document that the patient may benefit from the expertise of a surgeon. The request for specialty referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for surgical consultation is medically necessary.