

<b>Case Number:</b>	CM15-0076466		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/08/2003
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 52 year old female, who sustained an industrial injury on 07/08/2003. She has reported injury to the neck and low back. The diagnoses have included cervicothoracic and lumbar myofascial pain; intervertebral disc disease; left shoulder internal derangement; and right knee internal derangement. Treatment to date has included medications, diagnostics, physical therapy, surgical intervention, and home exercises. Medications have included Oxycontin, Hydrocodone-Acetaminophen, Meloxicam, and Lidoderm Patch. A progress note from the treating physician, dated 03/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain. The treatment plan has included imaging for the left shoulder for slap lesion versus rotator cuff tear. Request is being made for orthopedic consult for left shoulder; and MRI left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consult for Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM OMPG Second Edition (2004), Chapter 7, page 127 - Consultation.

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

**Decision rationale:** Guidelines state that a referral to an orthopedic specialist may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Conservative care should be attempted for at least one month before an orthopedic consult is indicated. In this case, there is no documentation of subjective or objective complaints associated with the patient's left shoulder and there is no request for conservative treatment of the shoulder. The request for an orthopedic consult is not medically appropriate and necessary at this time.

**MRI Left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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

**Decision rationale:** Guidelines state that special studies are not needed unless 4-6 weeks of conservative care and observation fails to improve symptoms. In this case, the patient has not failed an appropriate course of conservative care and is not being considered for surgery. The request for MRI shoulder is not medical necessity and appropriate.