

<b>Case Number:</b>	CM15-0095154		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48-year-old, female who sustained a work related injury on 9/4/14. She is involved in packing on a repetitive basis. The diagnoses have included right shoulder degenerative joint disease of the acromioclavicular joint, impingement syndrome and full thickness tear of the rotator cuff. Treatments have included medications, physical therapy and cortisone injections. In the PR-2 dated 4/14/15, the injured worker complains of right shoulder aching and weakness. She describes the level as being severe in nature. She states the symptoms get worse with increased activity. She is not able to perform the abduction hold test. She has a positive straight-arm raise. She has a positive impingement sign. Abduction with internal rotation causes pain. Forward flexion with internal rotation causes pain. Stress testing of the supraspinatus causes pain and indicates weakness. The treatment plan includes a recommendation for right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facility** - [REDACTED]: Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed documentation indicated the worker was experiencing right shoulder discomfort and weakness. There was no discussion sufficiently supporting the need for this specific facility. Further, the request did not specify what services would be performed. For these reasons, the current request for the facility [REDACTED] [REDACTED] for an unspecified reason and service is not medically necessary.