

<b>Case Number:</b>	CM15-0098709		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 53-year-old, male who sustained a work related injury on 9/13/12. The diagnosis has included chronic right shoulder pain. Treatments have included previous right shoulder surgery (2011), physical therapy, TENS unit therapy, aqua therapy, medications, therapeutic massage, home exercises, shoulder injections and activity modification. In the Initial Orthopedic Evaluation note dated 4/8/15, the injured worker complains of pain in both shoulders. He has numbness in both hands. He has stabbing pain in the right shoulder with overhead activities. He states both hands feel weak. The treatment plan includes a referral to a shoulder surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder consult and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-212.

**Decision rationale:** This patient underwent right shoulder surgery in 2011 and sustained an industrial shoulder injury in 2012. The records submitted raise the question of the necessity of the 2011 surgery. The patient has experience no relief in shoulder symptoms since the surgery. The request here is for a consult with an orthopedic shoulder specialist. In this case there are no red flag conditions present, including the known existence of a surgical lesion. There is no rationale given for the surgical consult given. There is no recent MRI documenting the existence of a potentially surgical condition. A referral to pain management appears to be more appropriate is this patient. Therefore, a referral to a shoulder specialist is not deemed medically necessary or appropriate at this time.