

<b>Case Number:</b>	CM14-0140623		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicates that this 62-year-old female was reportedly injured on February 12, 14. The most recent progress note, dated September 11, 2014, indicates that there are ongoing complaints of neck pain. Current medications include hydrocodone, Elavil, Lidoderm patches, Bystolic, Voltaren cream, verapamil, and amitriptyline. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles and facet joints. As well as tenderness over the cervical spine paraspinal muscles and facet joints from C2 - C7. There was decreased lumbar and cervical spine range of motion secondary to pain. Diagnostic imaging studies are unknown. Previous treatment includes physical therapy, and oral medications. A request had been made for an orthopedic surgery evaluation for right shoulder and was not certified in the pre-authorization process on August 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic surgery consultation for evaluation for right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** According to the most recent progress note dated September 11, 2014, and notes prior, there are no complaints of right shoulder pain nor were there any abnormal findings regarding the shoulder on physical examination. Considering this, this request for an orthopedic surgery consultation for the evaluation of the right shoulder is not medically necessary.