

<b>Case Number:</b>	CM13-0061294		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/17/2006
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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:

This is a 67-year-old female patient with a date of injury of 06/17/2006. The patient is status post C5-6 fusion in 1983, status post left shoulder open RCR, SAD, and distal clavicle excision on 06/01/2007, status post manipulation under anesthesia of the left shoulder on 11/05/2007, status post left shoulder arthroscopy, acromioplasty revision, extensive debridement including synovectomy and bursectomy, repair of rotator cuff on 07/24/2013. In utilization review determination letter dated 11/25/2013, it is noted that the patient was seen by a pain management specialist who wanted to take over care and as a result the patient stopped going.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN MANAGEMENT CONSULTATION AND TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 8 CCR Â§9792.20-9792.26, page 30-34

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction, Page(s): 1.

**Decision rationale:** The CA MTUS Guidelines state, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The request for pain management consultation and treatment is non-certified. In the utilization review

determination letter of 11/25/2013 the patient does have a history of moderate to severe pain which radiates to the head, neck, arm, and hand and associated stiffness, stabbing pain, weakness, and tenderness. The pain is reportedly worse at night and occurs during the day, morning, during and after activity. The pain is aggravated by climbing stairs, squatting, kneeling, bending, walking, prolonged standing, prolonged sitting, reaching overhead, lifting, pulling, pushing, and repetitive use. The pain reportedly is improved with heat, ice, elevation, and medications. The medications listed are Flexeril, ibuprofen, Lorazepam, and Lidoderm patches. Objective findings were for the left shoulder passive abduction 100 degrees; tender axilla in left shoulder and lumbar tenderness. The patient reportedly has undergone physical therapy for the left shoulder. California MTUS Guidelines do state that a physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. Given that the documentation submitted for review does indicate conservative care as well as no significant functional deficits, the request is non-certified.