

Case Number:	CM13-0062631		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2010
Decision Date:	04/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 Texas. 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 patient is a 45-year-old female who reported injury on 08/21/2010. The mechanism of injury was noted to be the patient was lifting a heavy box. The patient's diagnosis was noted to be rotator cuff DIS-NAC. The documentation of 10/08/2013 revealed the patient continued to have right shoulder pain that improved with Celebrex. The patient had an MRI which revealed rotator tendonitis with minimum subacromial/subdeltoid bursitis. There was a possible mild fraying of the superior labrum. Objectively, the patient had good range of motion of the right shoulder without bony deformity. There patient had crepitus and laxity with range of motion. The request was made for a pain management consultation for a steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT REFERRAL TO PAIN MANAGEMENT FOR EVALUATION AND CONSULTATION FOR STEROID INJECTION FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines indicate that upon ruling out a potentially serious condition, conservative management is

provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the patient had symptoms that were persisting. However, there was a lack of documentation indicating a necessity for an evaluation for a steroid injection as it was indicated that the patient's right shoulder was improving with Celebrex. Additionally, the request as submitted failed to indicate a quantity of visits being requested. Given the above, the request for outpatient referral to pain management for evaluation and consultation for steroid injection is not medically necessary.