

Case Number:	CM14-0016209		
Date Assigned:	04/14/2014	Date of Injury:	09/19/2013
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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 claimant is a 43 year old male with date of injury 9/19/13 with related pain over the right shoulder, neck, and low back, as well as headaches. The patient described the right shoulder symptoms as frequent dull pain, there are radiations of pain and numbness to the right deltoid down to the right elbow. Pinwheel examination revealed hypoesthesia to the right C5-C7 planes. EMG/NCS performed 3/27/14 were normal. MRI of the right shoulder dated 11/5/13 revealed osteoarthritis and no evidence of labral or tendon tears. He has responded to chiropractic therapy. He was refractory to physical therapy and medication management with Ibuprofen and Flexeril. The date of UR decision was 1/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (2007) Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical records provided for review indicate that consultation is for the purposes of medical management to aid, control, and relieve this patient's condition. Also MTUS criteria for referral do not explicitly require any particular level of conservative care be exhausted prior to consultation. Normal EMG/NCS findings and persistent radicular symptoms into the right upper extremity further as well indicate the need for consultation. The request for one pain management consultation is medically necessary and appropriate.