

Case Number:	CM14-0138970		
Date Assigned:	09/05/2014	Date of Injury:	06/15/2011
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational 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 injured her left shoulder on 06/15/11. A PM&R consultation and treatment are under review. The claimant reportedly is status post left SLAP repair and possible biceps tenodesis on 11/13/13. She had her second surgery on that date and still has a lot of pain in the left shoulder. She was intolerant of anti-inflammatories and opioids. She found PT and a TENS unit helpful in decreasing pain and increasing her function. She described aching pain in the right shoulder and stabbing in the neck and trapezius. Pain is 4/10 without medications. She had diffuse tenderness and decreased range of motion with flexion and abduction at 90. Additional PT was ordered. She attended physical therapy and a progress note dated 08/04/14 indicates that she complained of pain with simple activities of daily living. She had pain in the general shoulder, anterior shoulder and biceps tendon and pain with limited range of motion. Her muscle strength was 3-/5. PT was recommended once a week for 6 weeks. A referral for a PM&R consultation was recommended. She had completed 36 visits as of 08/04/14. Her prognosis was fair to good. She was compliant but was very limited by pain. The PT stated that in order for her to progress with therapy, pain management is important. Additional skilled therapy was recommended to help with pain management. She was still making progress on 06/09/14 at the 31st visits. She was making small range of motion improvements. It appears that she then plateaued. On 07/28/14, at the 35th visits, she was still limited mostly by pain and there was no change in the last couple of visits. On 04/17/14, [REDACTED] indicated that an MRI arthrogram was recommended to evaluate her shoulder stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine and Rehabilitation (PM&R) consult and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation, Pain Procedure Summary (updated 07/11/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: The history and documentation do not objectively support the request for a PM&R consult and treat request at this time. The claimant has benefited from physical medicine treatment in PT but appears to have continued pain that is limiting her progress. The specific indication for this type of consultation has not been clearly stated. It is not clear whether the PM&R treatment is likely to help get her pain under control so that she can make better progress with her rehab. It is not clear what kind of treatment from PM&R is anticipated by the treating provider. The claimant's condition is not highly complex requiring specialist consultation and treatment. There is no evidence that all other pain relief methods, including local modalities, TENS, and medications have been tried and failed. The request is not medically necessary.