

<b>Case Number:</b>	CM14-0020765		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 & Rehabilitation 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 injured worker is a 48-year old female who was injured on September 28, 2006. The mechanism of injury is described as packing boxes on a conveyer belt and felt something pull in the right shoulder while reaching for another box. The subsequent diagnosis was rotator cuff sprain (840.4) A progress report dated July 31, 2013 noted complaints of multiple joint pain and spine pain. Current diagnoses are listed as pain in joint, shoulder region, cervicalgia, and adhesive capsulitis of shoulder. A prior utilization review determination dated September 24, 2013 noted the injured worker underwent three right shoulder operations on 06/28/10 (right shoulder arthroscopy), 11/08/10 and 12/19/11(revision), all complicated by the diagnosis of adhesive capsulitis. This UR determination also certified the request for a orthopaedic second opinion. A request for authorization dated January 16, 2014 notes the injured worker denied ever having right shoulder pain prior to the industrial injury on 9/28/06. Treatment to date includes physical therapy, injections, medications, and a functional restoration program with three week completion. Pain coping skills, weaning and discontinuation of medications, flare-up prevention, and a exercise program were included in the treatment goals of the functional restoration program. The functional restoration program documented the injured worker attempted to return to work after her injury but hasn't worked since 08/02/08. The injured worker was instructed on a home exercise program for management of chronic pain symptoms during her participation in the functional restoration program. Medications are listed as Tramadol and Naproxen. The current request is for a pain management consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 6.

**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 6 - Independent Consults.

**Decision rationale:** The clinical information is limited and there is no mention of any specific reason for Pain Management consultation. The patient is not on any potent or long-acting opioids to require monitoring by a pain management specialist. There is no indication of need for any pain procedures to necessitate a pain management referral. Therefore, Pain Management Consultation is not medically necessary.