

<b>Case Number:</b>	CM14-0024611		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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:

According to the records made available for review, this is a 59-year-old male with a 10/10/07 date of injury. At the time (1/24/14) of request for authorization for outpatient referral to pain management, there is documentation of subjective (ongoing left shoulder pain) and objective (left shoulder elevation to 170 degrees) findings, current diagnoses (left shoulder sprain, status post left shoulder arthroscopic surgery (undated), and history of cervical fusion), and treatment to date (left shoulder surgery and physical therapy). Medical report identifies a request for referral to pain management and to start acupuncture therapy. There is no documentation that a referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUT PATIENT REFERRAL TO PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 5,

**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) Independent Medical Examinations and consultations, page127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that a consultation/referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation/referral. Within the medical information available for review, there is documentation of diagnoses of left shoulder sprain; status post left shoulder arthroscopic surgery (undated), and history of cervical fusion. However, given no documentation of a rationale identifying the medical necessity of the requested outpatient referral to pain management, there is no documentation that a referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for outpatient referral to Pain Management is not medically necessary.