

<b>Case Number:</b>	CM14-0028533		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 56-year-old female with a 10/25/11 date of injury and status post right shoulder rotator cuff repair on 5/8/13. At the time of request for authorization (2/28/14), there is documentation of subjective complaints of chronic constant pain in the right shoulder and objective findings of tenderness to palpation over the entire right shoulder and biceps area, guarded posture of the right shoulder, poor arm swing, decreased right shoulder range of motion, loss of sensation in all the dermatomes of the right hand with slight allodynia, significant weakness of the right arm, and 1+ reflexes of the right upper extremity. Current diagnoses include rotator cuff syndrome, sprain of rotator cuff, adhesive capsulitis of the shoulder, and anxiety/depression, and treatment to date includes injection, physical therapy, and medications. There is no indication that the diagnosis is uncertain or extremely complex, psychosocial facts are present, or the plan or course of care may benefit from additional expertise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with pain management once a month (unspecified duration):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** ACOEM guidelines state that the occupational health practitioner may refer to another specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of rotator cuff syndrome, sprain of rotator cuff, adhesive capsulitis of the shoulder, and anxiety/depression. However, there is no documentation that the diagnosis is uncertain or extremely complex, psychosocial factors are present, or the plan or course of care may benefit from additional expertise. In addition, there is no documentation of the intended duration of the requested follow-up with pain management once a month (unspecified duration). Therefore, based on guidelines and a review of the evidence, the request for follow-up with pain management once a month (unspecified duration) is not medically necessary.