

Case Number:	CM14-0028845		
Date Assigned:	06/20/2014	Date of Injury:	02/04/2013
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old female with a reported date of injury on 02/04/2013. The injury reportedly occurred when the injured worker was helping a 300 pound client move from a commode to the bed. Her diagnoses were noted to include left rotator cuff, left shoulder pain, low back pain, bilateral L5-S1 facet arthrosis and L5-S1 degenerative disc disease. Her previous treatments were noted to include facet injections, medications, aquatic therapy and physical therapy. The progress note dated 04/11/2014 reported the injured worker continued to experience left shoulder pain, and she had failed medications, therapy, and a subacromial injection. The injured worker complained of pain with overhead activities, sleeping on her shoulder, and with repetitive gripping, grasping, and pulling. The provider reported he discussed left shoulder arthroscopy with rotator cuff debridement versus repair and subacromial decompression with the injured worker. The physical examination to the left shoulder reported no noticeable gross deformity, and with forward flexion/abduction, muscle strength testing was 4/5. A positive and equivocal impingement test was noted and a negative sulcus sign. The range of motion was noted to be forward flexion of 130 degrees, abduction of 120 degrees, and external rotation of 60 degrees with internal rotation of 60 degrees with pain. The examination of the lumbar spine reported no back pain with flexion/extension, but the injured worker was not able to touch within 6 inches of the floor with back flexion. The motor strength of the lower extremities was 5/5 bilaterally and reflexes were normal from L4 to S1 bilaterally. Straight leg raises were noted to cause leg discomfort and there were paraspinal muscle spasms and tenderness. The request of authorization form dated 02/14/2014 was for pain management consultation and treatments due to low back pain. The request for authorization form dated 02/14/2014 is for evaluation of the right shoulder to be done in the physician's office.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for a pain management consultation is not medically necessary. The injured worker has failed conservative therapy such as physical therapy, medications, facet injections, and aquatic therapy. The California Chronic Pain Medical Treatment Guidelines state consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. The injured worker has failed previous conservative therapy; however there is a lack of documentation of a recent pain scale rating or objective functional deficits to warrant a pain management consult. Therefore, the request is not medically necessary.

IN OFFICE EVALUATION OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The request for an in-office evaluation of the right shoulder is not medically necessary. The injured worker has been seeing the physician regarding left shoulder pain. The California MTUS/ACOEM Guidelines state patients with shoulder complaints can have follow up visits every 3 to 5 days by an appropriate health professional who can counsel them regarding avoidance of status positions, medication use, activity modification, and other concerns. The practitioner should answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone. Physician follow up generally occurs when release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected. Physician follow up may be expected every 4 to 7 days if the patient is off work and every 7 to 14 days if the patient is working. There is a lack of documentation regarding continuous right shoulder pain, as well as the lack of a recent pain scale rating to warrant an evaluation. Therefore, the request is not medically necessary.