

Case Number:	CM14-0033424		
Date Assigned:	09/12/2014	Date of Injury:	10/22/2009
Decision Date:	11/03/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain 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 injured worker is a 46-year-old male with a date of injury on October 21, 2009. Per the January 15, 2014 records, the injured worker presented to his provider for re-evaluation of his bilateral shoulders. He was waiting for surgical authorization for his right shoulder and has evidence of impingement and rotator cuff pathology. He has undergone an Agreed Medical Evaluation which noted that he has failed conservative measures and to proceed with diagnostic and operative arthroscopy of the right shoulder. The Agreed Medical Evaluation noted that the injured worker should have steroid injections however he had previous steroid injections which spiked his blood sugar levels as the injured worker is known to be diabetic and he was previously opined not to receive intra-articular steroid injections which could cause difficulty in managing his diabetes. The physical examination findings were unchanged for the right shoulder which showed a little bit of stiffness in all planes, forward flexion and abduction to 110 degrees, and tenderness to the subacromial bursal space and shoulder girdle musculature with positive Neer and Hawkins' impingement. The left shoulder examination noted positive Neer and Hawkins' impingement sign with forward flexion of 130 degrees with pain and abduction to 140 degrees with pain and internal rotation. He was unable to reach the sacroiliac joint and had with this movement. He was diagnosed with (a) industrial injury to the right shoulder on October 21, 2009; (b) Type 2 diabetes; (c) right shoulder arthroscopic surgery in 2009; (d) status post manipulation of the right shoulder in 2010; (e) right shoulder magnetic resonance imaging dated December 25, 2012 revealed adhesive capsulitis acromioclavicular joint arthrosis, and tendinitis; and (f) compensatory left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluate and treat for pain management with [REDACTED], 1 visit plus any follow up visits that may be needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) -TWC pain procedur summary

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(s) 127 Official Disability Guidelines (ODG) Pain (Chronic), Office visits

Decision rationale: Office visits/consultations are generally recommended by evidence-based American College of Occupational and Environmental Medicine and Official Disability Guidelines most especially if a diagnosis is uncertain or extremely complex, when psychological factors are noted, and if current plan may benefit from additional expertise. The guidelines do not provide specific number of visits allowable due to the fact that each case is unique. However, the guidelines indicate the need for a clinical office visit or consultation is individualized based on a review of the worker's concern, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the injured worker is noted that persisting and worsening right shoulder problems and the cause of his symptoms have been pinpointed and necessary treatment recommendations have been made including provision of steroid injections. Due to the medical fact that the injured worker has diabetes, the provision of intra-articular steroid injections as recommended by his Agreed Medical Evaluation pose possibilities of increased risks to his health. It is unclear if the requesting provider is asking for alternate treatment modalities while waiting for authorization of surgery which is usually one of the last courses of treatment. In conclusion, although consultation/office visits are necessary, the referral to specialist should be based on the ongoing response of the injured worker with provisioned treatments and the information provided provide unclear intentions for the referral of the injured worker to a pain specialist whereas steroid injections would only pose additional problems. Thus, the medical necessity of the request to evaluate and treat for pain management 1 visit plus any follow-up visits that may be needed is not established and is therefore not medically necessary.