

<b>Case Number:</b>	CM14-0068853		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 56-year-old with a reported date of injury of 11/07/2012. The patient has the diagnoses of status post left knee arthroscopy with partial lateral meniscectomy /chondroplasty /debridement, status post right knee arthroscopy with partial lateral meniscectomy /chondroplasty /debridement, cervical neck sprain/strain, cervical degenerative disc disease, partial rotator cuff tear/impingement syndrome on the right, lumbar spine sprain/strain and lumbar disc protrusions.. Per the most recent progress reports provided for review by the primary treating physician dated 08/21/2014, the patient had complaints of persistent right shoulder pain with improvement in the right and left knee pain post-surgery. The physical exam noted tenderness in the cervical paraspinal muscles and pain with cervical range of motion. The right shoulder had pain with pressure in the subacromial bursa and subdeltoid bursa with positive impingement test and Hawkin's test and decreased range of motion. There was slight tenderness in the lumbar paraspinal muscles and pain with range of motion. There was appositive patella compression test and crepitus in the left knee. The treatment plan recommendations included scheduled right shoulder surgery and pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with pain management specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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), Consultation, Chapter 7

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Consult appropriate as second opinion to determine current status and off treatment plan. The provided documentation does not include progress reports indicating a request for pain management consult. The most recent progress notes make any mention of uncontrolled pain or the need for additional pain management above what the primary physician is already providing. Therefore in the absence of such documentation/request the need for a consult has not been established and the request is not medically necessary.