

<b>Case Number:</b>	CM14-0071415		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Occupational 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 patient is a 45 year-old male with date of injury 12/03/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/08/2014, lists subjective complaints as pain in the neck and shoulders bilaterally. Objective findings: Examination of the bilateral shoulders revealed tenderness to palpation of the glenohumeral joint, full range of motion, and orthopedic testing was negative. Examination of the cervical spine was positive for tenderness to palpation along the paraspinal muscles and decreased range of motion. Sensory examination revealed normal touch, pain, temperature, deep pressure and tactile discrimination. Diagnoses include: 1. Cervicalgia 2. Pain in joint, shoulder 3. Thoracic or lumbosacral neuritis or radiculitis. An MRI of the cervical spine, 06/09/2011, was unremarkable. MRI of left shoulder, 03/08/2011, noted moderate tendinopathy of the supraspinatus and its tendons with mild acromioclavicular osteoarthritis. An MRI of the right shoulder, 03/08/2011, was notable for mild to moderate tendinopathy of the supraspinatus and infraspinatus and mild Ac joint arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time functional restoration program evaluation consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** According to the Official Disability Guidelines, there should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record contains no documentation that the above. In addition, if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. The patient has been off work for greater than 3 years. As such, the request is not medically necessary and appropriate.

**Return visit with shoulder specialist for bilateral shoulder injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 92, 127, 204, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The ACOEM Guidelines states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. However, the MRIs of both shoulders are relatively unremarkable. In addition, there is documentation that the pain is diffuse, and a specific to the a.c. joint or rotator cuff areas. The plan was to inject both shoulders to help identify possible pain generators, but there is no indication at this time that either shoulder is possible for the diffuse pain the patient is having. Bilateral injections to the shoulders are not medically necessary.