

Case Number:	CM14-0074192		
Date Assigned:	07/16/2014	Date of Injury:	09/28/2011
Decision Date:	12/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 Ohio. 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 45 year old female with a date of injury of 9-28-2011. She was lifting a pallet and felt pain in her right shoulder. She evidently had physical therapy and took anti-inflammatories for 6 months but failed to improve. An MRI scans of the right shoulder taken in 2012 revealed evidence of acromioclavicular arthritis with bursitis and impingement. On 6-10-2014 the agreed medical examiner found the AC joint to be tender with mildly restricted right shoulder range of motion and positive impingement signs. The agreed medical examiner felt the injured worker was at maximal medical improvement. A request for a transfer of care to pain management comes from orthopedics on 4-21-2014; however no actual orthopedic notes from this time frame are included for review. The last clinical note from orthopedics, according to the utilization review folks, was dated 4-9-2013. That note was not included for review. At that visit, an arthroscopic surgery with subacromial decompression was recommended and the injured worker said she would consider it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral, right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The cited guidelines state that referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. In this instance, surgery was recommended to the injured worker by the treating physician. Evidently, the injured worker is not interested in surgery as evidenced by being rated at maximum medical improvement. In this situation, the orthopedic physician has nothing to offer and this becomes a pain management issue. The guidelines do not specify how much time should or should not pass between the last clinical visit and a request for a referral elsewhere. Therefore, a pain management referral for right shoulder pain is medically necessary