

Case Number:	CM14-0087896		
Date Assigned:	07/23/2014	Date of Injury:	06/29/2009
Decision Date:	09/30/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopedic Surgery 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 48-year-old female who was reportedly injured on 6/29/2009. The mechanism of injury was not listed. The injured worker underwent left shoulder surgery on 6/13/2013. The most recent progress note dated 4/9/2014, indicated that there were ongoing complaints of shoulder pain. The physical examination of left shoulder demonstrated tenderness to the glenohumeral joint and bicipital tendon, active range of motion: Flexion 150 degrees, abduction 120 degrees, and internal rotation 45 degrees. Joint swelling over subacromial. Normal motor strength. Positive Yergason sign, Hawkins test and Neers test. Negative Drop Arm and Final Determination Letter for IMR Case Number CM14-0087896 3 Apprehension tests. Decreased sensation in C6, C7, C8 left dermatomal distribution. Positive Rhoo's test. Magnetic resonance image of left shoulder dated 2/12/2014, showed postop changes with subscapularis tendon intact. Diagnoses: Rotator cuff tear arthropathy, shoulder pain, and post-traumatic stress disorder. Previous treatment included left shoulder surgery, physical therapy, home exercise program and medications to include Lidoderm Patch 5%, naproxen, Mobic, Norco, Percocet, Flexeril, trazodone, clonazepam, Celexa and Abilify. A request was made for decision for one-day interdisciplinary pain management evaluation (medical, psychological, physical therapy) and was not certified in the pre-authorization process on 6/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-Day Interdisciplinary Pain Management Evaluation (medical, psychological, physical therapy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32, 49.

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 127.

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines state The occupational health practitioner may refer to other specialists 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. Review of the available medical records, documents chronic left shoulder pain after an injury in 2006 followed by shoulder surgery in 2013 but fails to give a reason to consult and/or transfer care to a Physical Medicine & Rehabilitation specialist at this point. As such, this request is not considered medically necessary.