

<b>Case Number:</b>	CM14-0087981		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Utah. 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 now a 30 year-old female. The patient's date of injury is 2/29/2012. The mechanism of injury is described as overworked, with strained muscle. The patient has been diagnosed with a superior glenoid labral lesion, and cervical disc disease with myelopathy. The patient's treatments have included chiropractors, and imaging studies. It is unclear if the patient was taking medications, as this was not stated in the clinical documents. The physical exam findings, dated 5/27/2014 do not show any objective finding of physical exam, only a statement of the MRI reports. The MRI report: supraspinatus tendinosis, no other abnormalities were noted, and MRI of left shoulder on 6/21/2012 was unremarkable. The request is for Pain management referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult/evaluation to left 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 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, chapter 7.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for pain management consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to the clinical documentation provided and current MTUS guidelines; pain management consultation is indicated as a medical necessity to the patient at this time.