

<b>Case Number:</b>	CM14-0189280		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female with an injury date of 07/31/2013. Based on the 06/26/2014 progress report, the patient complains of subjective severe neck pain, moderately severe left shoulder pain, moderately severe left wrist pain, and mild left elbow pain. She also has headaches. In regards to her neck, she has about 25% decreased range of motion. The patient has 0/4 pain on the right and 2/4 pain on the left. The 08/14/2014 report indicates that the patient is 8 months post left surgical manipulation under anesthesia and left shoulder arthroscopic decompression and partial distal claviclectomy. She has tenderness and trigger points of the cervical spine. She has 1/4 pain on the non-operated right shoulder and 2/4 pain on the operated left shoulder. The 10/01/2014 report states that the patient continues to have neck pain, left shoulder pain, left elbow pain, left wrist pain, and right shoulder pain. No new positive exam findings are provided. The patient's diagnoses include the following: 1.Left shoulder rotator cuff tear, partial or complete. 2.Adhesive capsulitis, severe. 3.Left elbow chronic sprain/strain. 4.Left wrist sprain/strain. 5.Cervical sprain/strain. 6.Anxiety/depression. 7.Insomnia. 8.Overuse syndrome of the right shoulder secondary to the left shoulder abnormality. 9.Headaches. 10.Gastroesophageal reflux disease secondary to medication. 11.Left shoulder extensive arthroscopic subacromial decompression and partial distal claviclectomy manipulation under anesthesia and pain pump placement. The utilization review determination being challenged is dated 11/06/2014. There are 3 treatment reports provided from 06/26/2014, 08/14/2014, and 10/01/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**New patient consult only ( left shoulder, neck, arm, elbow and hand): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** The patient presents with pain in her neck, left shoulder, left elbow, left wrist, and right shoulder. The request is for 8 NEW PATIENT CONSULT ONLY (left shoulder, neck, arm, elbow, and hand). The report with the request is not provided. There is no RFA provided in this case and the patient is currently temporarily totally disabled. The utilization review letter indicates that the treater is requesting for a pain management consultation to adjust the patient's medication and for possible cervical epidural steroid injection. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. As of 10/01/2014, the patient is taking tramadol, Prilosec, ibuprofen, and topical creams of ketoprofen, gabapentin, tramadol. She suffers from neck pain, left shoulder pain, left elbow pain, left wrist pain, and moderate right shoulder pain. She has a 1/4 pain on the right and 1/4 on the left of her shoulder. In this case, a new patient consult appears reasonable. However, the treater is requesting for 8 consults total and there is no discussion provided as to why a total of 8 sessions are needed. Therefore, the requested 8 new patient consult IS NOT medically necessary.