MAXIMUS Federal Services

| Case Number: | CM15-0003084 | | |
|---|---|---|---|
| Date Assigned: | 01/14/2015 | Date of Injury: | 01/13/2012 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

## 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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

## 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 male, who sustained an industrial injury on January 13, 2012. He has reported pain in the left shoulder. The diagnoses have included chronic shoulder instability, status post left shoulder labral repair. Treatment to date has included medications, surgery, modified work status, and electrodiagnostic studies. Currently, the IW complains of continued left shoulder pain. He is noted to have deltoid atrophy, as well as atrophy of the muscles surrounding the shoulder, with significant weakness, grinding and popping with range of motion. On December 23, 2014, Utilization Review non-certified the request for a Neurology consultation, and range of motion for the left shoulder, noting the ODG, MTUS, and ACOEM guidelines. The request for a follow-up in 4-6 weeks was authorized. On January 5, 2015, the injured worker submitted an application for IMR for review of Neurology consultation, and follow-up in 4-6 weeks, and range of motion for the left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 171,Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) " There is no clear documentation that the patient needs a neurology evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation of primary neurological issue. Therefore, the request for Neurology Consultation is not medically necessary.

**Range of Motion to The Left Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, ROM evaluation is a basic part of musculoskelatal examination and should be routinely performed without the need for a specialist. There is no documentation in the chart for the need of a specialist. Therefore, the request is not medically necessary.