

Case Number:	CM15-0004429		
Date Assigned:	03/05/2015	Date of Injury:	02/10/2014
Decision Date:	04/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male who reported injury on 02/10/2014. The mechanism of injury was not provided. The documentation of 12/15/2014 revealed the injured worker had been in quite a bit of pain and had been maxing out on his Percocet. The injured worker indicated he was concerned about narcotic use and had come in for determination of surgery, and to talk about pain control. The injured worker indicated the pain was 10/10 in the shoulder. The injured worker had pain in the neck with reaching, grasping, lifting, and was unable to sleep at night. The medications included Percocet. The physical examination of the bilateral shoulders revealed a positive Spurling's and positive Lhermitte's test with radiation down the left arm with compression. The injured worker had a positive Hawkins, Neer's and O'Brien's test on the left. The diagnoses included status post complicated anterior and posterior cervical fusion now with radicular symptoms, partial rotator cuff tear and suspected SLAP lesion. The treatment plan included postoperative medications of Percocet 10 mg #120, oxycodone 10 mg #60 and Ambien 10 mg #30. The physician opined he was concerned the injured worker would have quite a bit of postoperative pain as well as chronic pain. The request was made for the referral to pain management as the injured worker was not receiving enough pain control with 10 mg of Percocet every 4 hours around the clock and the physician opined the injured worker would need further monitoring and specialization of pain management. Additionally, the treatment plan included moving forward with surgery. The injured worker underwent an arthroscopic repair with SLAP lesion with 2 push lock anchors, chondroplasty of the anterior superior aspect of the glenoid fossa and a capsule release in the rotator interval, subacromial decompression, AC joint

resection, extensive debridement of the anterior labrum, superior labrum, posterior labrum, and partial tear of the rotator cuff, and extensive synovectomy on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with PM&R specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review indicated the injured worker had substandard pain relief. The injured worker underwent surgical intervention and there was a lack of post-surgical documentation to support continued pain. Treatment cannot be decided without consultation and the number of visits that were not requested. Given the above, the request for consultation and treatment with PM&R specialist is not medically necessary.