

<b>Case Number:</b>	CM15-0131746		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old female, who sustained an industrial injury on 6/28/2000. Diagnoses have included right and left lateral epicondylitis, left DeQuervain's disease, cervical radiculopathy with sprain-strain, left dorsal wrist ganglion cyst, right hand shoulder syndrome, left wrist pain and right sympathetic dystrophy. Treatment to date has included carpal tunnel release, right shoulder surgery, cortisone injection and medication. According to the orthopedic progress report dated 4/23/2015, the injured worker complained of pain in both shoulders and incomplete range of motion of both hands. Objective findings revealed the greatest pain in the right, lateral epicondylar. There was decreased light touch sensation right greater than left in the median nerve distribution. The injured worker was given a Kenalog injection to the lateral epicondyle-mobile wad. Authorization was requested for orthopedic surgery consult for the right shoulder and a comprehensive second opinion consult by pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic right shoulder surgery consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Office visits.

**Decision rationale:** Orthopedic right shoulder surgery consult is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for an orthopedic right shoulder surgery consultation. The documentation does not reveal objective findings of exam findings that would necessitate an orthopedic right shoulder consult. The documentation is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary.

**Comprehensive 2nd opinion consult by pain management:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Office visits.

**Decision rationale:** Comprehensive 2nd opinion consult by pain management is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a second opinion on this patient's condition as the documentation does not reveal evidence of recent general physical exam findings or objective imaging studies for review and how this consult would change the patient's medical management. The documentation is not clear on prior pain management treatment and the outcome. The request for a second opinion consult by pain management is not medically necessary.