

<b>Case Number:</b>	CM15-0136190		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This 64 year old woman sustained an industrial injury on 1/19/2010. The mechanism of injury is not detailed. Evaluations include right shoulder MRI dated 12/18/2013 and right shoulder x-rays dated 6/17/2015. Diagnoses include rotator cuff repair and high blood pressure. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes on a PR-2 dated 6/17/2015 show complaints of right shoulder pain. Recommendations include cortisone injection that was administered during this visit, Norco, pain management consultation, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 198, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested consultation and treatment has not been sufficiently established by the documentation available for my review. The medical necessity of treatment cannot be affirmed without first establishing the goals of treatment set forth from consultation. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for consult with pain management.