

Case Number:	CM15-0137111		
Date Assigned:	07/27/2015	Date of Injury:	03/08/2013
Decision Date:	08/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 52 year old male with a March 8, 2013 date of injury. A progress note dated July 7, 2015 documents subjective complaints (doing well postoperatively; left shoulder pain is moderate to severe at times, controlled with pain medications; very stiff and still having a lot of pain; continues to have right shoulder pain; hurting more as the left shoulder heals), objective findings (mild edema of the left shoulder; decreased range of motion of the bilateral shoulders; positive paraspinal muscle, trapezius, and deltoid tenderness; positive acromioclavicular joint tenderness on the right; decreased right rotator strength; tenderness to the entire left shoulder joint), and current diagnoses (right shoulder impingement syndrome; cervical radiculopathy; left shoulder compensatory impingement syndrome with a high grade partial rotator cuff tear). Treatments to date have included left shoulder arthroscopic cuff debridement on February 18, 2015, cervical spine fusion in February of 2014, therapy, injections, and imaging studies. The treating physician documented a plan of care that included consult and treat with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treat with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and office visits- pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had already undergone surgery and conservative therapy. A request was made by the orthopedic surgeon to have the claimant see a physical medicine specialist for trigger injections. The request for pain management does not specify interventions that the claimant would need that cannot be provided by the surgeon or PM&R specialist. The request for a pain consult is not medically necessary.