

<b>Case Number:</b>	CM15-0160684		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

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:

This 46 year old man sustained an industrial injury on 2-3-2015. The mechanism of injury is not detailed. Diagnoses include left shoulder sprain and rotator cuff. Treatment has included oral medications. Physician notes on a PR-2 dated 4-17-2015 show complaints of left shoulder pain and weakness. Physical examination shows decreased range of motion to the left shoulder and positive ortho testing. Recommendations include therapeutic exercises, physiotherapy, chiropractic care, and follow up in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interventional pain management for the left shoulder:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury to the left shoulder in February 2015, which occurred while cutting down a branch with a pole saw. Treatments have included medications, therapy, and work restrictions. An MRI of the shoulder on 04/07/15 included findings of mild tendinosis with mild acromioclavicular joint arthropathy and a small subacromial effusion. When seen, pain was rated at 5-6/10. There was decreased shoulder range of motion with tenderness, muscle spasms, and weakness. Authorization is being requested for interventional pain management. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with rotator cuff impingement syndrome. He has not returned to unrestricted work and has had conservative treatments. A subacromial injection or other treatment might be an option in the claimant's care. Requesting a referral to pain management is appropriate and medically necessary.