

<b>Case Number:</b>	CM15-0167233		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

The injured worker is a 42 year old male who sustained an industrial injury on 05-26-11. Initial complaints include right shoulder injury. Initial diagnoses are not available. Treatments to date include medications, right shoulder surgery, injections, viscosupplementation injections, and therapy. Diagnostic studies include CT studies and a MR Arthrogram of the right shoulder. Current complaints include achiness and pain in the right shoulder. Current diagnoses include advanced right shoulder glenohumeral degeneration, with osteoarthritic changes. In a progress note dated 07-27-15, the treating provider reports the plan of care as referral for pain management, and a Kenalog injection under fluoroscopic guidance. The requested treatment includes a pain management referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management, Eval/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 Chapter 7 - Independent medical examinations and consultations.

**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 in May 2011 and continues to be treated for right shoulder pain including a diagnosis of advanced glenohumeral osteoarthritis. He was seen for an orthopedic reevaluation on 07/27/15. Prior right shoulder surgery had included arthroscopy in September 2012. He had been evaluated for shoulder replacement surgery but was felt to be too young for the procedure to be recommended. He had been seen in an emergency room and had received a cortisone injection with minimal relief. Physical examination findings included stiffness with range of motion and decreased strength. Recommendations included a fluoroscopically guided subacromial injection. He was referred for pain management for evaluation and treatment. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has advanced right shoulder osteoarthritis and surgery is not currently being offered. A pain management evaluation is appropriate, as there may be other options, including medications or interventional care such as a suprascapular nerve block that could be considered. However, requesting authorization for treatment without the results of the evaluation is not appropriate. The request that was submitted cannot be accepted for this reason. Therefore, the request is not medically necessary.