

<b>Case Number:</b>	CM15-0182517		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old man sustained an industrial injury on 12-27-2013. Diagnoses include right hip osteoarthritis and adhesive capsulitis with rotator cuff tear. Treatment has included oral medications, massage therapy, physical therapy, use of a cane, and heat. Physician notes dated 8-26-2015 show complaints of poor memory with lapses in memory, pain from right hip to right knee rated 9 out of 10 with weakness. The worker rates his pain 8-10 out of 10 without medications and 8 out of 10 with medications. The physical examination shows ambulation with a cane, right hip range of motion noted to be flexion 55 degrees and internal rotation 15 degrees, with pain with all maneuvers and radiating to the groin. Further hip evaluation is deferred per worker request due to pain. Right knee range of motion is noted to be flexion 120 degrees and extension 5 degrees with positive pain with varus stress and tenderness to palpation at the mid joint line. Tenderness to palpation was noted at the acromioclavicular joint with crepitus as well as at the rotator cuff with spasm. Range of motion was noted to be forward flexion 125 degrees, abduction 135 degrees, external rotation 90 degrees, internal rotation to L4-L5, weakness of the rotator cuff noted as 3 out of 5, and a positive impingement sign. Recommendations include medical clearance from neurology prior to ordering any narcotic medications, hip consultation, physical therapy, cognitive behavioral therapy, psychopharmacology consultation, nurse case manager, continue use of ice-heat-external stimulation, anti-inflammatory diet, memory exercises, attorney on all correspondences, follow up with neurology ASAP, and follow up in four weeks. Utilization Review denied requests for medical clearance, psychopharmacology consultation, and cognitive behavior therapy on 9-9-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One medical clearance from neurologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment and Management of Chronic Pain. Bloomington (MN) Institute for Clinical Systems Improvement.

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

**Decision rationale:** The patient was injured on 12/27/13 and presents with right hip pain and right shoulder pain. The request is for One medical clearance from neurologist prior to Rx any narcotics or anti-spasmodics. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is on modified work duty with no reaching above shoulder level, no bending, no lifting/pushing/pulling, and sit/stand 15 mins per 1 hour of work. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is diagnosed with right hip osteoarthritis and adhesive capsulitis with rotator cuff tear. Treatment to date includes oral medications, massage therapy, physical therapy, use of a cane, and heat. The treater is requesting for a medical clearance from a neurologist prior to prescribing any narcotics or anti-spasmodics. "Patient has been off narcotics for over 1 month. Currently on Phenytoin medication which has many interactions with multiple medications." ACOEM/MTUS guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Given this patients ongoing complaints of right hip pain and right shoulder pain, a consultation with a neurologist prior to receiving any medications is appropriate. Therefore, the request is medically necessary.