

Case Number:	CM15-0190615		
Date Assigned:	10/02/2015	Date of Injury:	01/03/2009
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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 is a 34 year old male who sustained a work-related injury on 1-3-09. Medical record documentation on 8-31-15 revealed the injured worker was evaluated for his left shoulder. He was status post left shoulder diagnostic arthroscopy on 4-25-14. An EMG-NCV of the left upper extremity on 8-17-15 revealed moderate carpal tunnel syndrome across the median nerve of the left wrist and denervation potentials in C5-C6 versus the trunk origin. The findings were suggestive of cervical radiculopathy Vital signs plexopathy. He continued to have discomfort and pain the in left upper extremity. On physical examination the injured worker had left shoulder forward flexion and abduction to 0 and 160 degrees with stiffness and pain at end range of motion. He had a positive provocative Neer and Hawkins impingement signs. The evaluating physician recommended evaluation and treatment with a pain management physician for chronic narcotic medications; Nucynta, MRI of the cervical spine - brachial plexus for evaluation of radiculopathy-plexopathy symptoms and a transfer of care in that most of the symptoms were starting from the cervical spine and the left shoulder did not appear to be the origin. On 9-14-15, the Utilization Review physician determined transfer of care and pain management evaluation and treatment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Office visits.

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 presents with left shoulder pain. The request is for transfer of care. The request for authorization is dated 09/04/15. The patient is status post revision left shoulder arthroscopy, 04/25/14. Physical examination of the left shoulder reveals well-healed arthroscopic portals, forward flexion and abduction is 0 to 160 degrees with stiffness and pain at end ranges of motion, positive provocative Neer and Hawkins impingement signs. Patient's medication includes Nucynta. Per progress report dated 08/31/15, the patient is on modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 08/31/15, treater's reason for the request is "most of the symptoms are starting from his cervical spine and his left shoulder is not the origin of these symptoms." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Transfer of Care to [REDACTED] ACOEM guidelines generally allow and support referral to a specialist to aid in complex issues. Per same progress report, treater states, "There is also denervation potentials in C5, C6 versus the upper trunk origin, finding suggest cervical radiculopathy versus plexopathy." Given the patient's radicular symptoms, a Transfer of Care may contribute to improved management of symptoms. Therefore, the request is medically necessary.

Pain management evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Office visits.

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 presents with left shoulder pain. The request is for pain management evaluation and treatment. The request for authorization is dated 09/04/15. The patient is status post revision left shoulder arthroscopy, 04/25/14. Physical examination of the left shoulder reveals well-healed arthroscopic portals, forward flexion and abduction is 0 to 160 degrees with stiffness and pain at end ranges of motion, positive provocative Neer and Hawkins impingement signs. Patient's medication includes Nucynta. Per progress report dated 08/31/15, the patient is on modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 08/31/15, treater's reason for the request is "he does need chronic narcotic pain medications." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Pain Management Evaluation and Treatment. ACOEM guidelines generally allow and support referral to a specialist to aid in complex issues. Given the patient's chronic pain and now with radicular symptoms, a Pain Management Evaluation and Treatment may contribute to improved management of symptoms. Therefore, the request is medically necessary.