

Case Number:	CM15-0196562		
Date Assigned:	10/12/2015	Date of Injury:	07/29/2014
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 45 year old male, who sustained an industrial injury on 7-29-2014. The injured worker was being treated for cervical-thoracic spine strain and right shoulder strain. Treatment to date has included diagnostics and medications. On 9-02-2015, the injured worker complains of pain in his neck, upper back, and right shoulder-arm, with no new symptoms. Pain was not numerically rated. It was documented that currently he was not interested in any therapy. Exam noted a right shoulder sling and sensation intact. Pain management follow-up visit dated 9-11-2015 was handwritten and difficult to decipher but noted continued right shoulder pain (not rated), surgery not authorized, and no physical therapy now. Objective findings from pain management noted only decreased range of motion in the right shoulder. He was to continue Anaprox. Urine toxicology (9-11-2015) noted no reported prescriptions and no inconsistent results. The progress report from pain management (4-24-2015) for right shoulder pain was handwritten and difficult to decipher, noting a treatment plan to refill medications per PR2 report 5-13-2015. On 7-29-2015, the injured worker reported "a significant increase" in right shoulder pain after MR arthrogram of the right shoulder, noting pain rated 5-6 out of 10, and pain management follow-up for 7-31-2015 scheduled. The treatment plan included a pain medicine follow-up consultation, non-certified by Utilization Review on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management follow up consultation: Overturned

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

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 45 year old patient complains of right shoulder pain and reduced range of motion, as per pain management specialist report dated 09/11/15. The request is for PAIN MANAGEMENT FOLLOW UP CONSULTATION. The RFA for this case is dated 09/02/15, and the patient's date of injury is 07/29/14. The patient is taking Anaprox for pain relief, as per pain management specialist report dated 09/11/15. Diagnoses, as per Chiropractor progress report dated 09/02/15, included cervical spine strain, thoracic spine strain, and right shoulder strain. The patient status post MR arthrogram of right shoulder on 07/27/15. As per chiropractor progress report dated 07/29/15, the patient has had a significant increase in shoulder pain after the arthrogram, and the pain is rated at 5-6/10. Diagnoses, as per orthopedic report dated 06/23/15, included bicipital tenosynovitis, shoulder sprain/strain, and rotator cuff sprain/strain. The patient is off work, as per report dated 09/02/15. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states 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." In this case, a request for pain management follow up for the patient's chronic pain is noted in chiropractor progress report dated 09/02/15. The patient is experiencing chronic shoulder pain, and is in need for pain medication. He may, thereby, benefit from the expertise of pain management specialist. Hence, the request for a follow up appears reasonable and is medically necessary.