

Case Number:	CM15-0035344		
Date Assigned:	03/03/2015	Date of Injury:	09/16/2013
Decision Date:	04/09/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old female, who sustained an industrial injury on September 16, 2013. She has reported neck pain, headache, and shoulder pain. The diagnoses have included upper extremity subluxation, upper extremity swelling, and limb pain. Treatment to date has included massage, ultrasound, H wave therapy, chiropractic treatment, ice, heat, and imaging studies. A progress note dated February 9, 2015 indicates a physical examination that showed loss of motion of the left shoulder and cervical spine. The treating physician requested a pain management consult. On February 19, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines. On February 25, 2015, the injured worker submitted an application for IMR of a request for a pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient and care of taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lower extremity subluxation; upper extremity swelling; and limb pain. The date of injury is September 16, 2013. The injured worker underwent arthroscopic surgical repair of the left shoulder on July 2, 2014. The injured worker underwent postoperative physical therapy. The injured worker had persistent complaints of pain referable to the affected shoulder. A pain management referral was placed on January 30, 2015. A postoperative magnetic resonance imaging scan was requested and performed and there were two tears noted on the MRI. A subsequent request for orthopedic surgical consultation (back to the original operating orthopedic surgeon) was then requested based on magnetic resonance imaging results (with additional pathology), and persistent complaints and objective physical findings. The appropriate course of action was to refer the injured worker back to the orthopedic surgeon for evaluation of the abnormal postoperative magnetic resonance imaging scan. A referral to a pain management specialist is premature based on the abnormal magnetic resonance imaging scan and a pending referral to the operating orthopedic surgeon. Consequently, absent clinical documentation with a clinical indication for a pain management specialist while an orthopedic consultation for reevaluation with an abnormal MRI is pending, pain management consultation is not medically necessary.