

<b>Case Number:</b>	CM15-0046148		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, 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 53 year old male who sustained an industrial injury on 3/9/13. The injured worker reported symptoms in the right shoulder and cervical spine. The injured worker was diagnosed as having right shoulder adhesive capsulitis. Treatments to date have included oral pain medication, activity modification and physical therapy. Currently, the injured worker complains of pain in the right shoulder and cervical spine. The plan of care was for transfer of care to pain management and a follow up appointment at a later date. An orthopedic consultation dated January 26, 2015 recommends manipulation under anesthesia for the patient's shoulder. A progress report from the patient's primary physician dated December 15, 2014 recommends ongoing physical therapy and continuing a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112-127.

**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) Occupational Medicine Practice Guidelines,

Independent Medical Examinations and Consultations Chapter, Page 127 Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

**Decision rationale:** Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. Additional surgery is being sought, there is no indication that the patient's physician feels uncomfortable prescribing any current medications, and there is no discussion regarding consideration of any interventional treatments. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.