

Case Number:	CM15-0060426		
Date Assigned:	04/06/2015	Date of Injury:	01/31/2013
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 60 year old male who sustained an industrial injury on 01/31/2013. He reported left hand and shoulder pain with pain in the bilateral feet from prolonged standing. The injured worker was diagnosed as having right and left plantar fasciitis, tendinitis of the right shoulder, and right rotator cuff syndrome. Treatment to date has included a cortisone injection and physical therapy to the right shoulder with a temporary slight decrease in pain. Currently, the injured worker complains of pain in the right shoulder and pain in the feet. The treatment plan includes referral to an orthopedic surgeon for evaluation and treatment, and custom orthotics with continuation of follow up with podiatry. The current practitioner will provide one month of Oxycodone and refer to a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a chronic pain management specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario, which is requiring treatment with opioids. Given the multiple body areas involved in chronic pain (including shoulder, hand, bilateral feet, etc.) and treatment with multiple providers (occupational medicine, orthopedics, and podiatry), it is reasonable to seek assistance from a chronic pain specialist to ensure a single point of care with respect to treatment modalities, specifically opioid pain medications. Given the complexity of the patient's history, a documented history concerning for two days of withdrawal symptoms without opioids, current lack of a detailed opioid treatment plan, consultation with a pain management specialist is appropriate to ensure adequate oversight, risk assessment, and eventual plan for weaning, etc. In the opinion of this reviewer, the request for pain management consultation is considered medically necessary.