

<b>Case Number:</b>	CM14-0124893		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 06, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier carpal tunnel release surgery; and apparent imposition of permanent work restrictions. In a Utilization Review Report dated July 25, 2014, the claims administrator denied a request for a pain management consultation for the shoulder invoking non-MTUS Chapter 7 ACOEM Guidelines, which were mislabeled as originated from the MTUS, and non-MTUS ODG Guidelines. Overall rationale was sparse and scant. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant reported persistent complaints of pain. The applicant was asked to return on an as needed basis. The applicant was apparently having issues taking NSAIDs on a long-term basis. Permanent work restrictions were renewed. The applicant did not appear to be working with permanent limitations in place. In a June 13, 2014 progress note, the attending provider, shoulder surgeon, suggested that the applicant consult a pain management physician on the grounds that the applicant had exhausted all prior operative remedies. The applicant was placed off of work, on temporary disability, for an additional six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page 1..

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary the treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has persistent shoulder and wrist pain complaints which have proven recalcitrant to earlier operative intervention. Significant symptoms persist. The applicant remains off of work. Obtaining the added expertise of a physician specializing in chronic pain, such as pain management consultant, is therefore indicated. Accordingly, the request is medically necessary.