

Case Number:	CM14-0125616		
Date Assigned:	09/24/2014	Date of Injury:	12/06/2006
Decision Date:	10/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 year old with an injury date on 12/6/06. Patient complains of worsening right shoulder pain rated 10/10 per 12/17/13 report. Patient states that medications are not helpful and would like to consider surgical options per 12/17/13 report. Based on the 12/17/13 progress report provided by [REDACTED] the diagnoses are: 1. Possible CRPS of the right upper extremity 2. Right shoulder pain adhesive capsulitis 3. Right shoulder supraspinatus tendon and subscapularis tendon right knee 4. Right shoulder slap lesion Exam on 12/17/13 showed "right shoulder range of motion is limited, especially extension at 0-30 degrees. Strength is decreased severely." [REDACTED] is requesting 1 interventional pain management consultation for CRPS of right upper extremity between 12/17/13 and 9/15/14 and 1 second opinion regarding possible right shoulder surgery with orthopedic surgeon between 12/17/13 and 9/15/14. The utilization review determination being challenged is dated 8/4/14 and denies request due to lack of documentation of standard conservative care (besides medications). [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/13 to 6/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 interventional pain management consultation for CRPS of right upper extremity between 12/17/13 and 09/15/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STATE OF COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT Page(s): 56. Decision based on Non-MTUS Citation THE CHRONIC PAIN DISORDER MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 7, page 127

Decision rationale: This patient presents with right shoulder pain. The treating physician has asked for 1 interventional pain management consultation for CRPS of right upper extremity between 12/17/13 and 9/15/14 on 12/17/13. Regarding consultations, ACOEM 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. In this case, the patient has worsening right shoulder pain and requires a pain management consultation for possible CRPS of right upper extremity. The requested 1 interventional pain management consultation for CRPS of right upper extremity between 12/17/13 and 9/15/14 is reasonable for this type of condition. This request is medically necessary.

1 Second opinion regarding possible right shoulder surgery with orthopedic surgeon between 12/17/13 and 09/15/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-10, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES AND NATIONAL GUIDELINE CLEARING HOUSE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 7, page 127

Decision rationale: This patient presents with right shoulder pain. The treating physician has asked for 1 second opinion regarding possible right shoulder surgery with orthopedic surgeon between 12/17/13 and 9/15/14 on 12/17/13. Regarding consultations, ACOEM 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. In this case, the patient has rotator cuff tendinosis with a small tear of supraspinatus tendon (confirmed by MRI on 9/12/13) and the requested second opinion regarding possible right shoulder surgery with orthopedic surgeon between 12/17/13 and 9/15/14 is reasonable for this type of condition. The patient has not improved with conservative care and a second opinion in consideration of surgery is reasonable. This request is medically necessary.