MAXIMUS Federal Services

Case Number:	CM14-0166722		
Date Assigned:	10/13/2014	Date of Injury:	05/20/2013
Decision Date:	11/13/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 59-year-old male with a date of injury of 5/20/13. The mechanism of injury was not documented. His surgical history was positive for two right shoulder surgeries. He underwent a left ankle fusion on 5/16/14. The injured worker slipped and fell following ankle surgery resulting in a bent or broken external fixation pin. Post-operative sepsis was documented requiring intravenous antibiotic therapy. The 6/24/14 orthopedic report cited persistent right shoulder pain following the fall. Difficulty was reported with getting his hand above shoulder level and with overhead activities. The physical exam documented tenderness over the right rotator cuff and subacromial region and biceps tendon. The range of motion testing documented abduction 155, forward flexion 150, and internal/external rotation 80 degrees. The Neer impingement test was positive. The diagnosis was right shoulder impingement with partial rotator cuff tear, left knee osteoarthritis, and left ankle tibial plafond fracture treated surgically and complicated by osteomyelitis. The treatment plan recommended a repeat right shoulder magnetic resonance imaging, referral to the previous shoulder specialist, and follow-up with the ankle specialist. Celebrex and Percocet were prescribed. Referral to pain management was requested concerning his chronic pain. The 9/8/14 home health nursing assessment documented persistent moderate pain with minimal relief with pain medications. The 9/9/14 utilization review denied the request for specialty pain management consultation as there were other specialty referrals pending that could conceivably improve his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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) Chapter 7 Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The Chronic Pain Medical Treatment Guidelines support referral to a specialist 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. The guideline criteria have been met in this case. This injured worker had chronic pain involving the right shoulder, left knee, and left ankle with significant functional deficits. Minimal relief is documented with current pain medications. There are multiple surgical consultants. Pain management consultation is reasonable as the treatment plan may benefit from additional expertise. Therefore, this request is medically necessary. The documentation now supports that the guideline criteria have been met. The request is considered medically necessary.