

<b>Case Number:</b>	CM14-0183474		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

Patient is a 51-year-old male who has submitted a claim for left shoulder status post diagnostic operative arthroscopy, left carpal tunnel syndrome, and cervical disc protrusion associated with an industrial injury date of 10/7/2008. Medical records from 2014 were reviewed. The patient complained of left shoulder pain status post arthroscopy. Physical examination of the left shoulder showed forward flexion of 165 degrees, abduction of 160 degrees, negative Neer test, negative Hawkins test, painful internal rotation, and normal motor strength. MRI of the left shoulder from 9/19/2014 showed a tiny labral cyst, suggesting a tear that resolved. There was no evidence of rotator cuff tear and the findings were normal. MRI of the cervical spine from 9/19/2014 documented tiny central protrusion at C5-C6 without cord or foraminal compromise. A pain management specialist on 7/29/2014 recommended prescription of gabapentin, Cymbalta, and ibuprofen. A cervical MRI was likewise requested. Treatment to date has included left shoulder surgery in 2011, diagnostic operative arthroscopy of the left shoulder with decompression, acromioplasty, debridement, and Mumford procedure at 5/25/2012, physical therapy, TENS unit, ice packs, exercise program, and medications. Utilization review from 10/29/2014 denied the request for pain management evaluation and treatment because records indicated that the patient had already been seen by a pain management specialist, on 7/29/14. There was no indication of why a repeat pain management evaluation was necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations Official Disability Guidelines

**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:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of left shoulder pain status post arthroscopy. Physical examination of the left shoulder showed forward flexion of 165 degrees, abduction of 160 degrees, negative Neer test, negative Hawkins test, painful internal rotation, and normal motor strength. MRI of the left shoulder from 9/19/2014 showed tiny labral cyst suggesting a tear that resolved. There was no evidence of rotator cuff tear and the findings were normal. MRI of the cervical spine from 9/19/2014 documented tiny central protrusion at C5-C6 without cord or foraminal compromise. Symptoms persisted despite left shoulder surgery in 2011, diagnostic operative arthroscopy of the left shoulder with decompression, acromioplasty, debridement, and Mumford procedure at 5/25/2012, physical therapy, TENS unit, ice packs, exercise program, and medications. The present request is for referral to a pain specialist to explore other treatment options. However, a pain management specialist has seen the patient on 7/29/2014 recommending gabapentin, Cymbalta, and ibuprofen. It is unclear why referral to another specialist is being requested. Moreover, it is not reasonable to certify an ambiguous request for a treatment procedure. The medical necessity cannot be established due to insufficient information. Therefore, the request for pain management evaluation and treatment is not medically necessary.