

<b>Case Number:</b>	CM14-0098179		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain management 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:

According to the records made available for review, this is a 48-year-old male with a 10/28/13 date of injury, and right shoulder arthroscopy with subacromial decompression/acromioplasty, extensive synovectomy, complete bursectomy, manipulation under anesthesia, biceps tenodesis, and repair of full thickness rotator cuff tear on 3/17/14. At the time (6/18/14) of the Decision for Monthly office visits with Pain management Physician, there is documentation of subjective (right shoulder pain) and objective (improved right shoulder range of motion) findings. The Current diagnoses include complete rupture of rotator cuff and pain in joint - shoulder region. The treatment to date includes medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly office visits with Pain management Physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112.

**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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of complete rupture of rotator cuff and pain in joint - shoulder region. In addition, given documentation of subjective (right shoulder pain) and objective (improved right shoulder range of motion) findings, there is documentation of a clinical condition necessitating office visits in order to monitor the patient's progress and make modifications to the treatment plan. However, there is no documentation of the number of visits requested. Therefore, based on guidelines and a review of the evidence, the request for Monthly office visits with Pain management Physician is not medically necessary.