

<b>Case Number:</b>	CM14-0167634		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 60-year-old female who reported an injury on 11/16/2013. The mechanism of injury involved a fall. The current diagnoses include right shoulder status post SNP on 05/28/2014; right wrist sprain; right thumb sprain; cervical sprain; right leg pain; myofasciitis; and radiculitis. The injured worker presented on 08/05/2014 with complaints of frequent moderate right shoulder aching, as well as intermittent mild wrist pain and neck pain. Upon examination, there was 50 degrees of cervical flexion, 40-degree extension, 30 degrees lateral flexion, and 60-degree rotation. There was positive foraminal compression and Jackson compression testing bilaterally with tenderness to palpation over the trapezius, rhomboids, levator scapulae, and suboccipital musculature. Examination of the right shoulder revealed 5 degrees forward flexion and extension, 20-degree abduction, and 0-degree internal and external rotation. There was a positive impingement sign, apprehension sign, and Apley's sign on the right. There was tenderness to palpation over the biceps, deltoid, AC joint, rhomboids, and subscapular area on the right. Examination of the wrist revealed 40-degree flexion and extension, with 20-degree ulnar and radial deviation. There was pain in all planes with tenderness to palpation over the carpal bones; and positive Tinel's and Finkelstein's testing on the right. It was noted that the injured worker had been managed by a pain management specialist in 07/2014, where she was provided with Anaprox, tramadol, cyclobenzaprine, Prilosec, and referred to chiropractic therapy, physical therapy, and acupuncture. Recommendations at that time included a follow-up appointment with the orthopedic surgeon and pain management specialist, continuation of acupuncture, physical therapy twice per week for 6 weeks; continuation of home

stretching and exercise; and prescriptions for Synovacin and Dendracin for topical use and joint health. A Request for Authorization form was then submitted on 08/05/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation provided, the injured worker was initially evaluated by a pain management specialist in 07/2014. The provider has also requested a follow-up appointment with the orthopedic surgeon regarding the shoulder. There is no indication that the injured worker would benefit from a pain management consultation prior to the orthopedic surgeon consultation. Given that the injured worker may be a surgical candidate, a pain management specialist referral would not be supported at this time. Given the above, the request is not medically appropriate.