

<b>Case Number:</b>	CM14-0210588		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old male worker with a work related injury dated July 14, 2014. The physician's visit dated November 5, 2014 reflected that the worker was experiencing pain in the middle back and bilateral shoulders. He was also complaining of depression and tension. The worker reported that physical therapy was helping with pain. It was also documented that the worker was not receiving any pain medications. Physical exam was remarkable for positive impingement test in the shoulder, a two plus tenderness over the AC joint, Coracoid process, bicipital groove, deltoid bursa and glenohumeral joint. Gross muscle strength revealed a four on a scale of five over the shoulders. There was three plus pain upon flexion, abduction and internal rotation. Diagnosis at this visit was bilateral shoulders impingement test, rule out internal derangement and thoracic spine sprain/strain, and rule out herniated disc. Treatment at this visit included a second request for authorization for a magnetic resonance imaging of the thoracic spine to establish the presence of disc pathology/rule out herniated disc, and magnetic resonance imaging of the right and left shoulder to rule out internal derangement. Physical therapy was to continue at two times per week for four weeks for the thoracic spine and bilateral shoulders with focus to include strength training, increasing range of motion and decreased pain control at home. An IF (interferential) unit was ordered for home use for pain relief purposes. The worker was able to return to work with limited use of the right and left hands, no above the shoulder level/overhead work, no prolonged or repetitive motions use and no forceful gripping, grasping, torqueing or squeezing with the right and left hands. If modified work duties were not available then the worker would be considered temporary and totally disabled. His physician had recently

evaluated the claimant and it was documented that the he was not taking any pain medications and was improving with physical therapy.

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

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

**Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 OMPG, Independent Medical Examinations and Consultations (chapter 7, page 127)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, IME and consultations.

**Decision rationale:** Request: Pain Management Per the cited guidelines, 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. His physician had recently evaluated the claimant and it was documented that he was not taking any pain medications and was improving with physical therapy. Any plan or course of care that may benefit from the pain management consultation was not specified in the records provided. A detailed rationale for referral to pain management was not specified in the records provided. The medical necessity of the request for Pain Management is not fully established for this patient.