

<b>Case Number:</b>	CM15-0018155		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Florida

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:

The injured worker is a 71-year-old male who sustained an industrial injury on April 16, 2013. He reported an injury to his right elbow, right shoulder, knee and ankle. Previous treatment includes modified work duties, cortisone injection, orthotics, acupuncture, arthroscopic rotator cuff repair on 12/17/2013, medications and imaging of the right upper extremity and right elbow. Currently the injured worker complains of pain in the right shoulder, right elbow, right knee and right ankle. He denies radiation to the upper or lower extremities. Further surgery to the right shoulder is not recommended. He reports that his condition is deteriorating rapidly and he is unable to function at work or at home. He reports feeling depressed, anxious and irritable because of the increasing symptoms and a lack of work. The evaluating physician requested a multi-disciplinary evaluation in order to stop disability and help the injured worker regain his function and emotional stability. Diagnoses associated with the request include shoulder pain, knee pain, forearm pain, ankle pain and epicondylitis. His treatment plan includes multidisciplinary evaluation, medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary Pain Management Consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

**Decision rationale:** The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, the records indicate that the patient was approved for a multidisciplinary evaluation on 1/12/2015. The results of this interdisciplinary evaluation need to be assessed before determining if an interdisciplinary pain management consult is necessary. Because, as utilization review notes, this may be a redundant evaluation that is not medically necessary. Likewise, this request is not considered medically necessary at this time.