

<b>Case Number:</b>	CM15-0116443		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/03/2015
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained an industrial injury on 4/3/15. He has reported initial complaints of pain in the left neck, upper back and between the shoulder blades. The diagnoses have included left shoulder muscle strain, thoracic spine strain and cervical radiculopathy. Treatment to date has included medications, activity modifications, ice, diagnostics and physical therapy. Currently, as per the physician progress note dated 5/8/15, the injured worker complains of persistent neck and left shoulder pain rated 9/10 and the shoulder feels weak. He is working modified duty. The objective findings reveal that the neck exam shows restricted range of motion and tightness on the left with rotation and flexion. There is limited range of motion in the left shoulder with discomfort reported with abduction, flexion and rotation. The impingement testing causes discomfort on the left. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the neck and cervical spine and left shoulder x-rays. The physician prescribed Lodine and flexeril. The physician recommends that he continue with physical therapy. The physician requested treatment included Physical Medicine - PM and R Consult/Physiatry Consult with Option to Treat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine - PM and R Consult/Physiatry Consult with Option to Treat:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for referral to physiatrist for consultation, the California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain in the cervical spine and thoracic spine region. Specialty consultation with a physiatrist may help further direct treatment including medication management, and continuation of physical therapy. As the patient's pain persists, specialty consultation is medically necessary.