

Case Number:	CM15-0118027		
Date Assigned:	06/26/2015	Date of Injury:	06/03/1998
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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, North Carolina
 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 61 a year old female who sustained an industrial injury on 6/3/98 to her right shoulder and neck. Diagnoses are rotator cuff tear, shoulder pain right shoulder, and a history of diabetes. In an orthopedic evaluation note dated 6/17/13, the treating orthopedic physician reports her neck is stiff in all planes. She did have decreased symptoms with traction and increased symptoms with compression. The right shoulder is tender over the acromioclavicular joint. There is pain with cross body adduction. Range of motion is 140-130, abducts to 70, externally rotates to 40 and internally rotates to her buttocks. There is pain and weakness with supraspinatus testing, tenderness over the bicipital groove and Yergason and Speed tests are positive. An MRI of 9/12/12 showed partial tearing and delamination of the subscapularis and bicipital issues and early arthritis changes of the humeral head. In a progress report dated 8/16/13, the treating physician notes she still has a painful stiff shoulder and has taken Motrin only. The plan 8/16/13 is for physical therapy for her frozen shoulders and Norco for pain. In a progress note dated 1/24/14, the treating physician reports she still has difficulty lifting her arm and physical therapy has not been successful. Medication is Motrin. Rotator cuff tear of the right shoulder is noted. A 3/24/14 treating physician progress report notes she is awaiting pending surgery on her right shoulder, she has pain, weakness, difficulty with activities of daily living and with overhead activity. Her pain is rated at 7 out of 10 and she takes Tramadol and Motrin for it. She does not sleep well at night. Physical therapy has not been successful. Impingement and impingement reinforcement signs are positive. A physician progress report dated 5/23/14 notes she has had at least 12 physical therapy visits without any

relief of pain or increase in function. Motrin was increased to 800 mg three times a day. Work status on 5/23/14 is noted as temporarily totally disabled. In a 4/17/15 progress note, the physician reports she has had one treatment of acupuncture which helped. Pain at maximum is 8/10; baseline is about 3/10. She is not taking anything for pain at this point because she cannot take anti-inflammatories any more secondary to renal insufficiency. Examination notes stiff neck, especially with left turn and left lateral flexion. There is swelling and tenderness about the supraclavicular plexus, and is tender over the radial, ulnar and median nerves. She has positive neural tension signs. Hoffman sign is negative. Previous treatment includes anti-inflammatories, Tramadol, Norco, Lidoderm patches, physical therapy, and acupuncture. The requested treatment is for a pain management evaluation and to treat the right shoulder as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management evaluation and treat for right shoulder as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30.

Decision rationale: Chronic pain programs can include interdisciplinary pain programs which involve a team approach that is outcome focused and coordinated and offers goal oriented interdisciplinary services, according to the CA MTUS. In this case most of the records submitted relate to the patient's left carpal tunnel syndrome and plans for a carpal tunnel release and follow-up care. The request presented at this time, however, relates to a pain management consultation and treatment of the right shoulder. However there is no documentation submitted to support a request for pain management evaluation and treatment of the right shoulder. There are no physical examination findings of the right shoulder. As such, this request is deemed not medically necessary or appropriate at this time.