

<b>Case Number:</b>	CM15-0177490		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Arizona, 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 60 year old man sustained an industrial injury on 3-7-2008. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 7-22-2015. Diagnoses include cervical spondylosis, bilateral shoulder impingement and acromioclavicular arthritis, right elbow surgery, left elbow cubital tunnel syndrome, bilateral wrist status post carpal tunnel surgery, lumbar spondylolisthesis, mild chondromalacia patella of the bilateral knees, significant cervical central spinal canal stenosis, severe stenotic neural foramina with moderate stenosis, and moderate bilateral neural foramina. Treatment has included oral medications. Physician notes from the orthopedist dated 7-23-2015 show complaints of cervical and lumbar spine pain, bilateral shoulder pain, as well as elbow and hand pain rated 7 out of 10. The physical examination shows right shoulder forward flexion of 90 out of 180 degrees, extension 20 out of 50 degrees, abduction 110 out of 180 degrees, adduction 30 out of 50 degrees, internal rotation 70 out of 190 degrees, and external rotation 70 out of 1890 degrees. Moderate pain and discomfort was noted at the end points of range of motion, positive Neer's sign, positive Hawkins-Kennedy sign, negative drop arm, moderately tender to palpation in the acromioclavicular joint space and subacromial space, flexion strength was 4 out of 5. Recommendations include surgical consultation, bilateral patella stabilizing knee sleeves, lumbar spine back brace, right shoulder steroid injection, continue with pain management specialist, and follow up in six weeks.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant was seeing a pain specialist. The interventions provided or the need for additional consultation was not specified. The claimant was already seeing orthopedics and was also referred to neurosurgery for spine surgery. The request for continued consultation and follow-up with pain management was not justified and is not medically necessary.

**Neurosurgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically

feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant has chronic neck pain with radiculopathy. Prior physicians have recommended surgery. The orthopedic surgeon had noted need for surgery and referred the claimant to neurosurgery. The request for follow -up consultation for consideration is not appropriate and therefore is not medically necessary.

**Right shoulder subacromial corticosteroid injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, Summary.

**Decision rationale:** According to the guidelines, 2-3 injections for rotator inflammation, small tears or impingement are appropriate. In this case, the claimant does have impingement findings on exam. The request for a shoulder injection may be appropriate but they are not routinely given with ultrasound guidance. There is no indication that this is required and the request above is not medically necessary.