

<b>Case Number:</b>	CM15-0056782		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old female, who sustained an industrial injury on 4/21/2014. She reported pain on top of her left shoulder when picking up a child. Diagnoses have included cervical sprain/strain, left shoulder sprain/strain and labral tear left shoulder. Treatment to date has included left shoulder magnetic resonance imaging (MRI), cortisone injection to left shoulder, physical therapy and medication. According to the progress report dated 3/9/2015, the injured worker complained of persistent pain to her neck and both shoulders, left greater than right. Exam of the cervical spine revealed tenderness, muscle spasms and decreased range of motion. Exam of the left shoulder revealed tenderness and decreased range of motion. Authorization was requested for a pain management consultation for treatment and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for treatment and medication:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

**Decision rationale:** ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. The records do not clearly provide a rationale as to why the requested consultation is necessary or what clinical question would be answered given the nature and chronicity of this case. It is unclear if the request is for invasive or non-invasive pain management and how this would help in addition to the patient's primary orthopedic treatment. Therefore, this request is not medically necessary.