

Case Number:	CM13-0032733		
Date Assigned:	12/06/2013	Date of Injury:	09/18/2012
Decision Date:	03/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who reported an injury on 09/18/2012 with the mechanism of injury being repetitive trauma. The objective examination for the date of request, 09/11/2013 revealed the patient had tenderness to palpation at the anterior capsule of the right shoulder, had a positive Obrien's test, apprehension test, and humeral relocation test. The patient had strength of the supraspinatus at 4-/5 to 5/5 and flexion of 160 degrees, extension 50 degrees, abduction of 160 degrees, external rotation 80 degrees and internal rotation of 70 degrees. The patient's internal rotation strength was 4-/5 to 5/5 and external rotation 5/5. The diagnoses were noted to be right shoulder partial thickness tear of the supraspinatus portion of the rotator cuff, right shoulder impingement syndrome and status post right shoulder arthroscopy 02/28/2013. The patient's medications were not provided. The request per the [REDACTED] Form RFA was for urine medication test and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications per [REDACTED] form/report dated 9/11/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: California MTUS Guidelines indicate that the treating physician is required to have a thorough understanding of the mechanism of the underlying pain and to identify comorbidities that might predict adverse outcomes and the choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than 1 pain mechanism involved. Additionally, it indicates the physician should tailor the medications and dosages to the individual, taking into consideration patient specific variables. The clinical documentation submitted for review failed to indicate the medications the patient was taking so there could be application of appropriate guidelines. Given the above and the lack of documentation, the request for medications per [REDACTED] Form RFA dated 09/11/2013 were not medically necessary.