

Case Number:	CM13-0038837		
Date Assigned:	12/18/2013	Date of Injury:	03/04/2013
Decision Date:	02/11/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported a work related injury on 03/04/2013, as the result of strain to the right shoulder and low back. Subsequently, the patient presents for treatment of the following diagnoses, rotator cuff sprain, other afflictions of shoulder region, shoulder sprain/strain, superior glenoid labrum lesions, and thoracic sprain. Subsequently, the patient has been treated conservatively with activity modification, medications, therapy, and subacromial injection to the shoulder. The patient was recommended to undergo surgical interventions by a provider (████████) as of 06/25/2013. Subsequently, the patient underwent a right shoulder arthroscopic glenohumeral joint debridement of the labrum, synovium, and rotator cuff, and subacromial decompression bursectomy under the care of ██████████ as of 09/19/2013. The clinical note dated 11/07/2013 reports the patient was seen under the care of ██████████. The provider documents the patient was utilizing physical therapy postoperatively, no meds are needed, and no more pain management follow-up required. The provider documented the patient presented with right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

Decision rationale: Given the lack of a rationale for the current request, the request cannot be supported. The clinical notes document the patient is not utilizing a medication regimen, is being treated with physical therapy interventions postoperative to arthroscopic decompression of the right shoulder as of 09/2013. California MTUS/ACOEM indicates referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above with treating a particular case of delayed recovery such as substance abuse or has difficulty obtaining information or agreement to a treatment plan. However, given the lack of documented rationale for the requested consultation, the request for pain management consultation is not medically necessary or appropriate.