

Case Number:	CM14-0114414		
Date Assigned:	09/18/2014	Date of Injury:	11/07/2001
Decision Date:	12/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/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:

This is a patient with a date of injury on November 7, 2001. A utilization review determination dated July 16, 2014 recommends noncertification for pain management-right wrist, right shoulder, and head. A consultation dated July 31, 2014 identifies subjective complaints of right shoulder pain with difficulty lifting her hand over her head. Objective examination findings revealed decreased range of motion in the right shoulder with positive impingement signs. Diagnoses include recurrent right shoulder rotator cuff tendon tear. The treatment plan recommends an MRI of the patient's right shoulder. A urine drug screen performed on July 10, 2014 is positive for butalbital and negative for other substances. A progress report dated June 4, 2014 identifies subjective complaints of severe headaches and dizziness with severe pain in bilateral wrists. Objective examination findings identify cervical tenderness, left wrist tenderness, positive Tinel's sign, and positive Phalen's test. Diagnoses include carpal tunnel syndrome status post bilateral carpal tunnel release, shoulder sprain/strain, and cephalgia. The treatment plan recommends medication titration as recommended by the neurologist. Also, medications are refilled including Zantac, Tramadol, Motrin, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for right wrist, right shoulder and head: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127. Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. In light of the above issues, the requested referral to Pain Management is not medically necessary.