

Case Number:	CM14-0114841		
Date Assigned:	08/06/2014	Date of Injury:	10/29/2011
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
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 and is licensed to practice in California and Texas. 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:

Medical records reflect the patient is a 49 year old male with a work injury dated 10-29-11 with left shoulder pain complaints. He has a diagnosis of shoulder pain, head injury, headaches, and psychiatric disorder problems. The patient has been treated conservatively with medications and physical therapy. He had an MRI of the left shoulder that showed a rotator cuff tear. Medical Records reflect the patient has been authorized for left shoulder surgery. It was noted the patient had a neuropsych evaluation and there were concerns that the patient will not be able to follow through with postop care. The patient had been recommended to follow-up with a neurologist to address neuropsychiatric issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation, comprehensive pain management center.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section - Chronic Pain Management Programs.

Decision rationale: Medical Records reflect the claimant is a 49 year old male with a work injury dated 10-29-11 with left shoulder pain complaints. He has a diagnosis of shoulder pain, head injury, headaches, and psychiatric disorder problems. The claimant has been treated conservatively with medications and physical therapy. There is a request for multidisciplinary evaluation, comprehensive pain management center. Medical Records reflect the claimant has a left shoulder rotator cuff tear and was approved for surgery, but there are concerns that due to his neuropsychological status he will not be able to follow through with postop care. Current treatment guidelines reflect that chronic pain programs are indicated when a claimant has completed all active treatment and continues with inability to return to baseline function. It is also recommended when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options that would result in significant clinical improvement. This claimant is still under active care and has not exhausted care. He has a surgical lesion and recent recommendations for evaluation with a neurologist due to his psychological state. Therefore, based on the records provided, this request is not reasonable or medically indicated.