

Case Number:	CM14-0164119		
Date Assigned:	10/08/2014	Date of Injury:	05/04/2014
Decision Date:	11/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesia, has a subspecialty in pain medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 33 year old female. The date of injury is May 4, 2014. The patient sustained an injury to the left shoulder. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the left shoulder and left arm worse with movement and activity. The patient care is the current diagnosis of left shoulder adhesive capsulitis and sprain/strain of the left shoulder. A request for pain management consultation was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 96.

Decision rationale: MTUS guidelines do support specialty consultations when the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to the documents available for

review, it appears the patient is not progressing from a pain and function perspective and therefore pain management consultation would be helpful in both diagnosis as well as treatment. Therefore at this time the requirements for treatment have been met and medical necessity has been established.