

Case Number:	CM14-0169593		
Date Assigned:	10/17/2014	Date of Injury:	03/18/2013
Decision Date:	11/20/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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:

The injured worker is a 28 year-old male who was injured on 3/18/13 after he fell on his right side and shoulder from an 8-10 foot roof. He complained of right shoulder, elbow, head, and mid back pain. He had a negative right shoulder and right rib x-ray. He was diagnosed with shoulder pain, cervical/brachial neuralgia, thoracic myofascitis, and injury to nerves in hand/wrist. His shoulder pain was thought to be musculoskeletal rather than internal pathology. He had a normal MR arthrogram and MRI of the right shoulder. His treatment plan included pain medication such as naproxen, Tylenol, terocin lotion, and ultram, physical therapy, traction, acupuncture, and chiropractic therapy. It documented that patient continued with pain despite conservative measures implemented. Patient was unable to do more than 1.5 hours of work without shoulder pain becoming severe. Initially, he had mild to moderate difficulty with self-care, personal hygiene, and moderate difficulty with travel, sexual function, and sleep, but improved enough to do activities of daily living like bathing, dressing, grooming, home duties, and childcare. He suffered from depression. He was found to have no neurocognitive deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 full day of a [REDACTED] interdisciplinary pain rehabilitation program evaluation (one-time):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain programs Page(s): 30-32.

Decision rationale: The request for one full day of a [REDACTED] interdisciplinary pain rehabilitation program evaluation is not medically necessary. As per MTUS, a time period of no later than 3-6 months after an injury is the ideal time to start an interdisciplinary program. Early intervention is beneficial. It has been over a year a half since the patient is injured. He had some improvement in function with conservative treatment but was unable to continue his current line of work due to continued pain. These programs are effective for back pain in all stages, but the pain being evaluated and treated is his right shoulder pain. He also suffers from certain negative predictors of efficacy of treatment such as negative relationship with the employer, negative outlook on future employment, depression, and opioid use in the form of ultram. Although the patient can't do his previous work, he is still able to perform his ADL's. Because of these reasons, the request is considered not medically necessary.