

Case Number:	CM14-0035218		
Date Assigned:	06/23/2014	Date of Injury:	08/27/2010
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 Minnesota. 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 52-year-old female who reported an injury on 08/29/2010, with the mechanism of injury not cited within the documentation provided. In the clinical note dated 05/06/2014, it was noted that the injured worker's symptoms had been increasing with more pain and limitation of mobility. It was also noted that the injured worker's range of motion of abduction was approximately 120 degrees. Prior treatments included acupuncture, physical therapy, and medications. It was annotated that an unofficial MRI showed findings suggestive of re-tear transmurals in nature and severe tendinosis in the distal anterior supraspinatus tendon. The diagnosis or prescribed medications of the injured worker were not annotated within this clinical note. The treatment plan included a request to re-operate on the shoulder, an Ultra Sling, cryotherapy, and assistant surgeon. In the clinical notes dated 04/08/2014, it was annotated that the injured worker continued to complain of pain in her right shoulder. It was annotated that the injured worker had limited mobility of the right shoulder to only 140 to 150 degrees of abduction, where previously it had been full. It was noted that strength was good, but pain persisted. It was annotated that the requesting physician reviewed the denial for the help program. The requesting physician noted that the injured worker had postoperative physical therapy with both procedures and previously had cortisone injections and medications to try and minimize the injured worker's pain. The treatment plan included a request for a new MRI of the right shoulder and return in 4 weeks to the clinic. The request for authorization for a help program evaluation for pain management was submitted on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

■ Program Evaluation for Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs, Chronic Pain Programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic Pain Programs, Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: The request for help program evaluation for pain management is not medically necessary. The California MTUS Guidelines state that chronic pain programs are recommended where there is access to programs with proven successful outcomes for injured workers with conditions that put them at risk of delayed recovery. Injured workers should also be motivated to improve and return to work and meet the injured worker's selection of criteria outlined. The criteria for general use of multidisciplinary pain management programs include an adequate and thorough evaluation that has been made to include baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement; and the injured worker has significant loss of mobility to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted (if the goal of treatment is to prevent or abort controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided; the injured worker exhibits motivation to change and is willing to work for secondary gains including disability payments to affect this change and negative predictors of success. In the clinical notes provided for review dated 05/06/2014, it is annotated that the physician requested authorization to re-operate on the right shoulder. As indicated in the guidelines, the injured worker is not a candidate for a chronic pain program where surgery or other treatments would clearly be warranted. In the clinical notes dated 04/08/2014, there is lack of evidence to support the injured worker's need for a help program such as loss of function or the injured worker not being a candidate for surgery or other treatments. Furthermore, both clinical notes do not address the efficacy or lack thereof of physical therapy or the use of other conservative therapies and their efficacies. Therefore, the request for help program evaluation for pain management is not medically necessary.