

Case Number:	CM14-0050994		
Date Assigned:	07/07/2014	Date of Injury:	01/13/2014
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 Nevada. 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 45-year-old female who was reportedly injured on January 13, 2014. The mechanism of injury was noted as a burn type event. The most recent progress note dated March 19, 2014, indicated that there were ongoing complaints of superficial shoulder pain associated with the second-degree burn. The physical examination demonstrated a well-developed, well-nourished individual in no apparent distress. The injured employee was noted to be hypertensive (145/93). The left shoulder thermal injury was reported to be well healed. Diagnostic imaging studies were not reported. Previous treatment included local wound care and analgesic medications. A request was made for pain management consultation and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) independent medical consultations Page(s): 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, a referral is indicated when the diagnosis is uncertain or extremely complex. The diagnosis is well objectified (well healed 2nd degree burn) and the treatment at this point would be to do nothing. There were no findings identified on the physical examination that would warrant a pain medicine consultation. As such, the medical necessity has not been established or presented for review.