

Case Number:	CM14-0052147		
Date Assigned:	07/07/2014	Date of Injury:	03/05/2013
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 51-year-old male who reported an industrial injury on 3/5/2013, 18 months ago, attributed to the performance of his usual and customary job duties. The patient was noted the under care of a chiropractor. The patient was treated for the diagnoses of right shoulder internal derangement; cervical sprain/strain; right lateral epicondylitis; right cubital tunnel syndrome; and status post right shoulder surgery. The patient had undergone surgical intervention to the right shoulder and received postoperative rehabilitation physical therapy. The patient was noted to complain of right shoulder pain and low back pain. The objective findings on examination included decreased range of motion to the right shoulder; tenderness to palpation to the L4-L5 paravertebral muscles; positive SLR. The treatment plan included a urine drug screen; work conditioning; medications. The patient was continued on TTD status. The evaluation by the secondary treating physician documented that the right shoulder was improving slowly and that the lumbar MRI revealed left lateral scoliosis of the lumbar spine. The patient was to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (last updated 03/18/2014), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 127.

Decision rationale: The request for authorization of the pain management for evaluation and treatment is not supported with objective evidence to support the medical necessity of the request. The patient was noted to right shoulder pain status post right shoulder arthroscopy and rehabilitation PT along with lower back pain. The secondary treating physician documented functional improvement with treatment. It was noted that the secondary treating physician was able to prescribed medications. Therefore there was a request for pain management evaluation and treatment. There is no clear documentation of objective findings requiring more treatment other than the recommended home exercise program for conditioning and strengthening. The patient should be treated with OTC medications and HEP. The medical record provides no objective findings to the right shoulder postoperatively and low back other than TTP and diminished ROM to support the medical necessity of the requested pain management. There is no provided rationale to support the medical necessity of an evaluation and treatment with pain management. There is no objective evidence to support the medical necessity of the referral to a pain management for additional treatment in relation to the diagnosed chronic left ankle pain. There is no medical necessity for interventional pain management to the post operative shoulder and lower back. The patient should be under the care of an orthopedic surgeon. The medical necessity of a pain management for an evaluation and treatment is not demonstrated as there is no objective evidence of any further treatment being required other than conservative care and home exercises.