

Case Number:	CM14-0071317		
Date Assigned:	07/14/2014	Date of Injury:	03/18/2011
Decision Date:	10/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in Washington and 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:

The injured worker is a 51-year-old male with a reported date of injury on 03/18/2011. The mechanism of injury was not listed in the records. The diagnoses include right shoulder contusion/sprain. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging submitted for review. There was no surgical history documented within the records. The subjective complaints on 03/17/2014 included soreness and tenderness in the left shoulder. The physical examination noted decreased range of motion in the left shoulder, along with a positive impingement sign. The medications included Tylenol and Aleve over the counter. The treatment plan was to order additional physical therapy, order MRI of the left shoulder, and request clearance for left shoulder arthroscopy. A request was received for Theramine. The rationale for the request was not provided. The Request for Authorization form was dated 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Pain, Theramine®

Decision rationale: The request for Theramine is not medically necessary. The Official Disability Guidelines state that Theramine is not recommended. Additionally, the guidelines state that there is no indication for the use of Theramine. The injured worker has chronic left shoulder pain. Furthermore, the request as submitted did not provide a frequency or quantity. Since there are no indications for the use of Theramine and Theramine is not recommended by the guidelines, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.