

Case Number:	CM14-0084668		
Date Assigned:	07/21/2014	Date of Injury:	04/30/2012
Decision Date:	09/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 who reported an injury of unknown mechanism on April 30, 2012. On April 7, 2014, her diagnoses included pain in the shoulder joint, pain in the hand joints and other disorders of the shoulder joint. Her complaints included left shoulder constant pain, pain with reaching over her head and weakness in her hands. Upon examination there was swelling in the left proximal arm and painful left shoulder range of motion. It was noted that she was status post rotator cuff repair to the left shoulder on an unknown date. There was a recommendation for pain management for chronic pain. On March 3, 2014, the followup note stated that the pain management had been authorized. There was no rationale or Request for Authorization included in this injured worker's chart.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89..

Decision rationale: The injured worker is a 52-year-old female who reported an injury of unknown mechanism on April 30, 2012. On April 7, 2014, her diagnoses included pain in the shoulder joint, pain in the hand joints and other disorders of the shoulder joint. Her complaints included left shoulder constant pain, pain with reaching over her head and weakness in her hands. Upon examination there was swelling in the left proximal arm and painful left shoulder range of motion. It was noted that she was status post rotator cuff repair to the left shoulder on an unknown date. There was a recommendation for pain management for chronic pain. On March 3, 2014, the follow-up note stated that a pain management consult had been authorized on December 24, 2013. The request for pain management consultation is not medically necessary or appropriate.