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| Case Number: | CM14-0086577 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 03/28/2009 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; corticosteroid injection therapy; unspecified amounts of physical therapy; and earlier shoulder surgery. In a Utilization Review Report dated May 21, 2014, the claims administrator apparently retrospectively approved a right shoulder corticosteroid injection while denying a pain management referral. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the pain management referral and mislabeled the same as originating from the MTUS. In a May 5, 2014 progress note, the applicant reported 8/10 shoulder pain. The applicant was asked to continue Motrin, Voltaren gel, Norco, and omeprazole. Acupuncture and electrodiagnostic testing were sought. In an April 7, 2014 progress note, it was acknowledged that the applicant was not working and had last worked in September 2013. Acupuncture, electrodiagnostic testing, and medications were sought. A pain management consultation was reportedly later endorsed through an RFA form dated May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Intra-articular injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has tried and failed various other treatments, including time, medications, physical therapy, topical agents, injection therapy, acupuncture, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, is therefore indicated. Accordingly, the request is medically necessary.