

Case Number:	CM14-0092823		
Date Assigned:	07/25/2014	Date of Injury:	05/17/2011
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49 year old female who sustained an injury to her left shoulder on 05/17/11 while attempting to catch a client who suffered a myocardial infarction. The clinical note dated 02/13/14 reported that the injured worker has completed at least six visits of physical therapy to date that has provided some benefit, including improvement in range of motion and strength of the left shoulder. A clinical note dated 06/06/14 reported that the injured worker is status post left shoulder arthroscopy in 2008 and 2011, followed by repeat/revision surgery on 02/08/10. Physical examination noted diminished light touch sensation in C7 to C8 on the left side dermatomal distribution; tenderness over the paraspinal musculature overlying the facet joints, trigger points over the upper trapezius; 2+ muscle spasms over the upper trapezius bilaterally; Spurling's sign positive bilaterally; Lhermitte's positive bilaterally; muscle atrophy in the flexor carpi ulnaris; joint swelling in the left wrist, joint tenderness in the left elbow; tenderness in the extensor carpi ulnaris; left shoulder range of motion within normal limits except for flexion and abduction which is limited to 60 degrees; left shoulder flexor/abductor strength rated at 4/5; positive Phalen's and Tinel's signs; positive left Jobe's test and Hawkins' test. The injured worker was assessed to have left shoulder joint derangement, left elbow enthesopathy, and complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The previous request was denied on the basis that there was limited evidence that the injured worker has failed all available conservative treatment. The medical report indicates that the injured worker has noted improvement from previous physical therapy, medications, and pain psychology. There was limited documentation that specifies abilities in detail and goals that would be targeted by the program, as well as the relation of the current complaints and specific functional limitations are not clearly outlined. Therefore, the requested intervention was not deemed as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided for review that would support reverse of the previous adverse determination. Given this, the request for a multidisciplinary evaluation is not indicated as medically necessary.