

Case Number:	CM15-0003030		
Date Assigned:	01/14/2015	Date of Injury:	03/30/2012
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 38-year-old female who reported an injury on 03/30/2012. Her mechanism of injury was not included. Her diagnoses included right shoulder impingement/tendonitis. Her past treatments have included extracorporeal shockwave procedure, physical therapy, home exercise program and work modification. Her treatment plan was not included. The rationale for the request was not included. The Request for Authorization form was not included. Her diagnostic studies have included an MRI of the right shoulder, performed on 05/28/2013. Her surgical history was not included. The progress report, dated 12/04/2014, documented the injured worker had complained of pain to the right shoulder and right arm; she also reported pain in her right leg. Physical exam findings included light touch sensation to the right lateral shoulder, right index tip, right small tip and bilateral dorsal thumb web were intact. Her medications were not included. The treatment plan included work modification. The rationale for the request was not included. The request for authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with pain management ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultation, page 127

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

Decision rationale: The request for follow up with pain management (██████████) is not medically necessary. The injured worker's date of injury is 03/30/2012; she has not had anything prescribed for pain for the last 9 months as she was pregnant. The California MTUS Guidelines state that a physician begins with an assessment of the presenting complaint in the determination as to whether there is a red flag for potentially serious condition, which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. If the patient continues to have pain that persists beyond the time of healing without plans for curative treatment, such as surgical options, the Chronic Pain Medical Treatment Guidelines apply. There is a lack of documentation regarding a pain assessment or prior treatment rendered by pain management. The request for follow up with pain management (██████████) is not medically necessary.

Follow up with orthopedist (██████████): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultation, page 127

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

Decision rationale: The request for follow up with orthopedist (██████████) is not medically necessary. There is a lack of documentation regarding previous treatment by orthopedics. There are no red flags documented for a potentially serious condition that would trigger an immediate intervention. The California MTUS Guidelines state that the physician begins with an assessment of the presenting complaint in a determination as to whether there is a red flag for potentially serious condition, which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The request for follow up with orthopedist (██████████) is not medically necessary.