

Case Number:	CM15-0029001		
Date Assigned:	02/23/2015	Date of Injury:	07/29/2013
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational 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 25 year old male who sustained an industrial related injury on 7/29/13. The injured worker had complaints of right glenohumeral pain. Physical examination findings included decreased right shoulder range of motion. Diagnoses included cervicobrachial syndrome, injury to brachial plexus, closed dislocation of shoulder, superior glenoid labrum lesion, lesion of ulnar nerve, stiffness of joint in the shoulder region, and generalized muscle weakness. Treatment included a right shoulder congruent arc reconstruction on 11/6/14. Medications included Naprosyn and Norco. The treating physician requested authorization for pain management specialist evaluation and treatment. On 2/4/15 the request was modified. The utilization review physician cited the Medical Treatment Utilization Scheduled guidelines and noted the request was modified to a pain management specialist evaluation only. Based on that physician's findings further recommendations regarding treatment may be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management specialist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 23-25, 93.

Decision rationale: MTUS Guidelines support consultations and secondary specialists treatment when they are consistent with best medical practice/evidenced based medicine. A pain specialist consult is consistent with Guidelines, however the open ended request for treatment is not supported by Guidelines. Due to the open ended and non specific nature of the request for treatment the request for pain management consult and treatment is not supported by Guidelines and is not medically necessary.