

Case Number:	CM15-0214636		
Date Assigned:	11/04/2015	Date of Injury:	07/09/2011
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, Illinois

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 46 year old male, who sustained an industrial injury on 07-09-2011. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for status post right shoulder subacromial decompression, debridement of anterior labral fraying, and extensive subacromial debridement, right shoulder pain, status post superior labral tear from anterior to posterior repair and Mumford procedure to right shoulder, and rotator cuff tendinitis. Treatment to date has included right shoulder surgeries and medications. Prior medications have included Norco and Naprosyn. Subjective data (08-24-2015 and 09-28-2015), included chronic right shoulder pain. Objective findings (09-28-2015) included tenderness to right shoulder acromion and acromioclavicular joint and positive impingement I and Hawkin's tests. The treating physician noted that the injured worker chooses not to use any analgesics or anti-inflammatory medications. The request for authorization dated 10-02-2015 requested pain management specialist evaluation and treatment. The Utilization Review with a decision date of 10-15-2015 modified the request for pain management specialist evaluation and treatment to pain management specialist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Specialist, treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition 2004, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/453831-medication>.

Decision rationale: The injured worker sustained a work related injury on 07-09-2011. Status post right shoulder subacromial decompression, debridement of anterior labral fraying, and extensive subacromial debridement, right shoulder pain, status post superior labral tear from anterior to posterior repair and Mumford procedure to right shoulder, and rotator cuff tendinitis. Treatment to date has included right shoulder surgeries and medications. Prior medications have included Norco and Naprosyn. The medical records provided for review do not indicate a medical necessity for Pain Management Specialist, treatment. The medical records indicate the injured worker had a specialist consultation for this case earlier in the year, but because this specialist works in the same facility with the injured worker, and the fact that the MRI findings were not available at the time of consultation, a referral to difference specialist is being requested. The MRI is reported to have revealed tendinopathy of the supraspinatus, infraspinatus, degenerative diseases, and possible partial thickness articular fraying. Also, the records indicate the injured worker has for a long time refused any medications for the pain because he has been found to have renal cyst. Furthermore, the medical records indicate the injured worker is under the treatment of an orthopedist. Referral to pain management specialist is not medically necessary. This is based on the fact that the injured worker is being managed by the appropriate specialist, particularly in the light of the latest MRI findings. Additionally, it is not evident from the medical records when last the injured worker had home exercise treatment or physical therapy as to suggest that this has failed conservative care. Also, Medscape states that complications of cystic renal diseases, such as hypertension, infection, and pain, are treated with standard medical therapy. Therefore, without a documented evidence of impaired renal function, the presence of renal cyst is not an enough reason for a patient to refuse a recommended medication. Additionally, the MTUS requires that patients adhere to adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states.