

Case Number:	CM15-0042830		
Date Assigned:	03/13/2015	Date of Injury:	09/18/2014
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on September 18, 2014. She has reported an injury to the left shoulder and has been diagnosed with left shoulder impingement syndrome, left shoulder internal derangement, left shoulder myospasm, left shoulder sprain/strain, and status post surgery, left shoulder. Treatment has included surgery, physical therapy and medications. Currently the injured worker complains of intermittent moderate to severe dull, achy, sharp left shoulder pain, stiffness and weakness, associated with overhead reaching. The treatment plan included an inferential unit for a 5 month rental unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist (medications): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for pain management consultation. MTUS guidelines state the following: consultation is indicated, when there are 'red flag' findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to the clinical documentation provided and current MTUS guidelines; pain management consultation is indicated as a medical necessity to the patient at this time.

IF unit and supplies x5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy 114-117.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Interferential unit and supplies x4 month rental. MTUS guidelines state the following: not recommended as an isolated intervention. If specific requirements are met, then a one month trial may be appropriate. The request does not meet this requirement. According to the clinical documentation provided and current MTUS guidelines; Interferential unit and supplies x 5 months is not indicated as a medical necessity to the patient at this time.