

Case Number:	CM15-0086369		
Date Assigned:	05/08/2015	Date of Injury:	07/29/2014
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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 44 year old male patient who sustained an industrial injury on 07/29/2014. The injury is described the patient having had fallen about 6-7 feet from a ladder landing on his right shoulder. The doctor's first report of illness dated 10/24/2014 reported the patient with subjective complaint of right clavicle pain, neck pain, upper back pain, and right shoulder/arm pain. He is diagnosed with cervical, thoracic, and right shoulder strains. He did undergo both radiography scan and magnetic resonance imaging scan of the cervical, thoracic and right shoulder. He was prescribed to undergo electric nerve conduction study, obtain pain management consultation, and attend a course of physical therapy. He is temporary totally disabled and will return for follow up in one month. A secondary treating visit dated 04/24/2015 reported subjective complaint of right shoulder pain. The treating diagnoses are: torn subscapularis muscle, right shoulder, with retraction, right shoulder, and tendinitis. He is deemed unable to return to work. Objective findings showed the right shoulder with a positive impingement sign with weakness; along with limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up regarding the cervical and thoracic spine and right shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder and Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The available documentation does not include records from pain management to establish the necessity for a follow up visit within the recommendations of the MTUS Guidelines. The request for pain management follow-up regarding the cervical and thoracic spine and right shoulder is determined to not be medically necessary.