

Case Number:	CM14-0126296		
Date Assigned:	09/10/2014	Date of Injury:	04/06/2011
Decision Date:	10/08/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a female with a date of injury on April 6, 2011. She has had left shoulder arthroscopic chondroplasty, debridement of superior labrum, subacromial decompression with acromioplasty, and partial release of coracoacromial ligament. There was mention of a cervical surgery in 2013 and the worker was declared at maximum medical improvement on April 23, 2014. The worker continues to have pain in the left side of her neck with shoulder pain and arm weakness. A physical exam is notable for range of motion limitations in her neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Per the Medical Treatment Utilization Schedule, chronic pain programs (functional restoration programs) are recommended where there is access to programs with proven successful outcomes, for workers with conditions that put them at risk of delayed recovery. This worker has chronic neck and shoulder pain. Per the office note from September

11, 2014, she has hired an attorney and has not seen a pain management physician in 2 months nor has she been taking medications for her pain. This request is not certified because documentation is not clear exactly what loss of functionality she has, because her motivation to improve is unclear, and because it is not clear that exhaustive attempts to treat her chronic pain have been made. Documentation also does not state that there is an absence of other options likely to result in significant clinical improvement. Therefore, the Multidisciplinary Evaluation is not considered medically necessary.