

Case Number:	CM15-0118195		
Date Assigned:	06/26/2015	Date of Injury:	07/29/2014
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Emergency 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 individual, who sustained an industrial injury on 7/29/2014. Diagnoses include cervical spine strain, thoracic spine strain, right shoulder sprain/strain, bicipital tenosynovitis and rotator cuff sprain/strain. Treatment to date has included medications, modified work and diagnostics. Magnetic resonance imaging (MRI) dated 8/28/2014 showed a complete subscapularis tear. Per the Primary Treating Physician's Progress Report dated 5/13/2015 the injured worker reported no improvement in right shoulder and even deterioration. Physical examination revealed diminished light touch sensation to the right lateral shoulder. The plan of care included diagnostics and consultations. Per the 4/24/2015 report, right shoulder surgery has been authorized but never done. Authorization was requested for pain medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for chronic pain management. Documentation provided by requesting provider is poor with no provided medication list or what has actually been attempted. Orthopedist recommends surgical intervention and the only noted medication in a single note by orthopedist is naproxen. The requesting provider has not documented any rationale for consultation except for "chronic pain." The primary provider has failed to provide any justification for referral to a pain specialist. The request is not medically necessary.