

Case Number:	CM15-0064824		
Date Assigned:	04/10/2015	Date of Injury:	09/24/2014
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 55 year old male, who sustained an industrial injury on 9/24/2014. The current diagnoses are rotator cuff syndrome and impingement syndrome. According to the progress report dated 3/13/2015, the injured worker had partial relief from right shoulder subacromial injection. The current medication list was not available for review. Prior records show patient was on Voltaren, Restoril and Prilosec. Documentation provided by requesting provider is poor. Notes are hand written, very brief with poor legibility. There is no rationale provided for request for pain management evaluation. Treatment to date has included medication management, X-rays, MRI studies, physical therapy (no help), and subacromial injection. The plan of care includes pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, regarding Independent medical examinations and consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment 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 pain management and poor documentation does not provide any valid reason. Pain is stable on non-opiate medications. Consultation to a pain management specialist is not medically necessary.