

Case Number:	CM15-0068050		
Date Assigned:	04/15/2015	Date of Injury:	07/10/2009
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54-year-old female who sustained an industrial injury on 7/10/09. The injured worker reported symptoms in the upper extremities. The injured worker was diagnosed as having left rotator cuff tear status post repair, superior labral tear from anterior to posterior left shoulder status post repair, right carpal tunnel syndrome, and cervicobrachial syndrome. Treatments to date have included oral pain medication, nerve conduction studies, and therapy and activity modifications. Currently, the injured worker complains of pain in the bilateral upper extremities. The plan of care was for pain management evaluation and treatment and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Disorders. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217-219.

Decision rationale: This 54 year old female has complained of left shoulder pain since date of injury 7/10/09. She has been treated with physical therapy and medications. The current request is for pain management evaluation and treatment. Per the ACOEM guidelines cited above, pain management treatment is not indicated as medically necessary at this time prior to pain management evaluation and recommendations. On the basis of the available medical records and per the ACOEM guidelines cited above, pain management evaluation and treatment is not indicated as medically necessary.