

Case Number:	CM14-0140631		
Date Assigned:	09/10/2014	Date of Injury:	07/30/2012
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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 50-year-old male with complaints of left shoulder pain, left upper extremity pain to hand, and neck pain. The date of injury is 7/30/12 and the mechanism of injury is a fall off of a roof leading to his current symptoms; initial injuries included fractured ribs and pneumothorax. At the time of request for one pain management consult and treatment, there is notation of subjective complaints of neck pain and left upper extremity pain. Objective findings include posterior atrophy of infraspinatus and Hawkins sign mildly positive. Imaging studies include MRI of the left shoulder dated 1/11/13, revealing a full thickness tear of the supraspinatus. Diagnoses are bilateral shoulder rotator cuff tears and impingement syndrome bilaterally, and treatment to date has included surgery, physical therapy, and medications. Many injured workers require little treatment, and their pain will be self-limited. Others will have persistent pain, but it can be managed with straightforward interventions and does not require complex treatment. However, for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management consultation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction and overview Page(s): 1-9.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, many injured workers require little treatment, and their pain will be self-limited. Others will have persistent pain, but it can be managed with straightforward interventions and does not require complex treatment. However, for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach. Therefore, the request for one pain management consultation and treatment is medically necessary.