

Case Number:	CM13-0020347		
Date Assigned:	10/11/2013	Date of Injury:	11/30/2012
Decision Date:	01/22/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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:

The patient is a 37-year-old male who reported an injury on 11/30/2012. The patient was originally injured when he fell, cutting his left leg, and fracturing left wrist. The patient has been previously treated with casting, x-rays, physical therapy, cortisone injections, medications, and activity modifications. The patient has complaints of pain in the right shoulder and elbow. The patient is also noted to have left upper extremity symptoms from overcompensating. On recent exam, the patient has 0 degrees to 150 degrees of bilateral elbow range of motion, tenderness of the right shoulder, normal range of motion of the bilateral shoulders, normal motor strength of the shoulders, and negative impingement sign of the bilateral shoulders. AME dated 09/05/2013 recommended the patient for MRI of the right wrist, x-rays of the elbow, follow-up office visits, medications, injections, and physical therapy with possible need for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional treatment for the right shoulder and right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The request for "additional treatment" for the right shoulder and right elbow is non-specific. A non-specific request cannot be authorized as it is not possible to assess the medical necessity of additional treatment without specific procedures with duration and frequency if applicable. However, it should be noted that recent physical examination of the right shoulder and right elbow did not reveal any functional deficits or significant red flags to indicate further treatment would be needed. Given the above, the request is non-certified at this time