

Case Number:	CM13-0043762		
Date Assigned:	12/27/2013	Date of Injury:	06/11/2012
Decision Date:	07/29/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic Surgery, 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 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:

The records presented for review indicate that this 60 year-old male was reportedly injured on June 11, 2012. The mechanism of injury is not listed in the records reviewed. There is a note indicating the extent of the compensable injury is limited to the left hand and right foot. The most recent progress note, dated October 4, 2013 indicates that the injured worker had been declared permanent and stationary. There are ongoing complaints of severe bilateral shoulder pain. Additionally, there are complaints of low back pain, leg pain and right foot/ankle pain. The physical examination demonstrated a severe reduction in shoulder range of motion bilaterally. There is tenderness to palpation of the acromioclavicular joint. Diagnostic imaging studies were not presented in the medical records. Previous treatment includes surgical ankle repair, treatment for left wrist fracture and lumbar strain. A request had been made for physical therapy, enhanced imaging studies, narcotic medications and was not certified in the pre-authorization process on October 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: When noting the date of injury, the injury sustained, the determination of permanent stationary and that the onset of shoulder pain did not occur prior to this time frame; tempered by the fact that there is limited clinical information in terms of the shoulder issues, there is insufficient clinical information presented to support this request. Furthermore, there is no reporting plain films, previous treatments, or physical examination findings to suggest the need of any acute intra-articular pathology. As such, based on the limited medical information presented for review this is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: When noting the date of injury, the injury sustained, the determination of permanent stationary and that the onset of shoulder pain did not occur prior to this time frame; tempered by the fact that there is limited clinical information in terms of the shoulder issues, there is insufficient clinical information presented to support this request. Furthermore, there is no reporting plain films, previous treatments, or physical examination findings to suggest the need of any acute intra-articular pathology. As such, based on the limited medical information presented for review this is not medically necessary.

16 sessions of physical therapy for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The progress note from October, 2013 does not suggest any clinical indication for the need for physical therapy. Furthermore, noting that this progress note is more than 9 months old the current clinical situation is not presented for review. As such, there is insufficient clinical information presented to suggest the need of physical therapy. As outlined in the American College of Occupational and Environmental Medicine guidelines, a home exercise protocol (passive range of motion and pendulum exercises) is all that would be supported. As such, this is determined to be not medically necessary