

Case Number:	CM14-0015038		
Date Assigned:	02/28/2014	Date of Injury:	09/18/2012
Decision Date:	10/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 reflect that this 41-year-old individual sustained an injury on 9/18/2012. The injured worker was behind his delivery truck with the doors open doing paperwork when someone hit the truck on the left back side resulting in his door swinging in and hitting the injured worker on the left shoulder. The injured worker experienced immediate onset of left shoulder pain and decreased range of motion of the left shoulder as well as left lateral side and mid back pain. The injured worker was diagnosed with contusion of the left shoulder and chest wall. The injured worker reported persistent pain in left shoulder radiating to his neck, upper and mid back. A MRI of the cervical spine dated 4/25/2013 showed a minimal 1.5 mm C5/6 diffuse disc bulge without any degenerative changes or stenosis. A MRI of the left shoulder is mentioned in the progress notes, however remains unavailable for review. The injured worker has been followed by orthopedic surgery since the injury, undergone twelve sessions of physical therapy and was evaluated by pain management on 10/30/2013, at which time Zanaflex was prescribed. The last office note dated 11/25/2013 documented that the injured worker had occasional neck, upper back and left shoulder pain; which increases with certain activities throughout the day. He uses analgesic ointments and takes muscle relaxants which provide temporary relief. Examination of the cervical spine documented tenderness and muscle tightness in the supra-scapular region especially on the left side and the left paracervical area; restricted cervical ROM and spasm noted especially with left lateral flexion and left rotation. Examination of the left shoulder revealed tenderness over the bicipital groove and over the rotator cuff area; impingement sign was positive on the left shoulder; left shoulder ROM flexion was 165, extension was 45, abduction was 160, adduction was 40, external rotation was 80, and internal rotation was 70. Neurological exam demonstrated +2 deep tendon reflexes in the upper and lower extremities bilaterally; sensation was intact from C5 - T2; 5/5 motor strength in the lower extremities

bilaterally; downgoing Babinski. Examination of the thoracic spine demonstrated tenderness along the left thoracic muscle area with mild spasm noted especially upon range of motion; thoracic ROM was painful and restricted in left lateral flexion and left lateral rotation. Diagnosis documented at that time was chronic cervical ligamentous and muscular strain with mild discopathy; chronic left shoulder pain; chronic left scapular strain and left thoracic ligamentous and muscular strain. Of special note, the injured worker returned to work without any restrictions on 12/10/2012. A request was made for follow-up orthopedic office visits which was noncertified on 1/28/2014 due to lack of adequate documentation to address what the injured worker's issues are and what the appropriate care might be. Lastly, two "Review of Records (non-face-to-face time of 99358) with a Discussion by The Primary Treating Physician per 9785" dated 12/20/2013 and 1/24/2014 were billed and noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up orthopedic office visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): California Guidelines, Regulation Section 9789.12.12., Page 8 of 29.

Decision rationale: The patient returned to work without restrictions 12/10/2012. Since that time, there is a lack of clinical documentation. Although the claimant continues to suffer from occasional pain, no long-term treatment plan has been documented. Non-face-to-face prolonged services codes have status code B; therefore payment for them is subsumed in the payment for the services to which they are incident, per CA MTUS Guidelines Physician Fee Schedule, Regulation Section 9789.12.12. Additional orthopedic follow-up visits and non-face-to-face visits are not considered medically necessary.