MAXIMUS Federal Services

Case Number:	CM14-0110468		
Date Assigned:	08/01/2014	Date of Injury:	02/17/2010
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 2/17/2010. Per follow up pain management consultation and review of medical records dated 5/27/2014, the injured worker continues to complain of pain in his left shoulder, having recently undergone revision surgery to his left shoulder on 1/23/2014. He had 12 sessions of post-operative physiotherapy and he feels that his condition is worse since the surgery. He also feels as though he was dropped when transferring from the OR table to the gurney. He also complains of pain in his neck and lower back aggravated by any type of bending, twisting and turning. He rates his pain today as 8/10 in intensity. He previously had a series of three cervical epidural steroid injections in 2012, which did provide relief. He is now requesting trigger point injections to both his neck and lower back, since it consistently provide a good week of temporary relief enabling him to sleep better at night. His condition has been getting worse since his surgery. He has significant pain throughout much of his body. On examination he is found to be alert and cooperative but in mild to moderate distress. He makes good eye contact, communicates with an interpreter and does not appear to be overly medicated. Examination of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with obvious muscle guarding. Bilateral upper extremity motor testing is 4/5. Sensory exam with Wartenberg Pinprick Wheel is decreased along the left medial and lateral forearms when compared to the right. Jamar Grip strengths are right (dominant) 10/0/10, and left 10/12/10. Left shoulder has reduced range of motion. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. There is decreased range of motion with obvious muscle guarding. Lower

extremity motor testing bilaterally is 5/5. Sensory exam with Wartenberg pinprick wheel is decreased along the posterior lateral thigh and posterior lateral calf in approximately the L5-S1 distribution bilaterally. The straight leg raise in the modified sitting position is positive at 60 degrees bilaterally causing radicular symptoms to both lower extremities. Diagnoses include: 1) cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms 2) lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms 3) left shoulder internal derangement status post arthroscopic surgery 2011 and revision arthroscopic surgery on 1/23/2014 4) right shoulder internal derangement 5) medication induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray for left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation ODG (Shoulder Chapter), Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per the California MTUS American College of Occupational and Environmental Medicine (ACOEM), the use of routine testing, including plain-film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Primary criteria for ordering imaging studies include 1) emergence of a red flag 2) physiologic evidence of tissue insult or neurovascular dysfunction 3) failure to progress in a strengthening program intended to avoid surgery 4) clarification of the anatomy prior to an invasive procedure. If limitations due to consistent symptoms have persisted for one month or more, imaging may be considered in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor.The injured worker had an MRI of his shoulder prior to his surgery. He reports that he feels he was dropped when transferring from the operating room table to the gurney, and he feels worse since his surgery. It isn't clear if this is purely speculative of the injured worker, but this reported history is sufficient to warrant an x-ray of the shoulder.The request for x-ray for the left shoulder is determined to be medically necessary.