

Case Number:	CM14-0153091		
Date Assigned:	09/23/2014	Date of Injury:	03/10/2014
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California and Washington. 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 injured worker is a 56-year-old, who reported a date of injury of March 10, 2014. The mechanism of injury was reported as a motor vehicle accident. The injured worker had diagnoses of shoulder pain, complete rotator cuff rupture, cervical facet syndrome, cervical pain, hip bursitis, and hip pain. Prior treatments included physical therapy and the use of topical analgesics. The injured worker had an x-ray of the hand on 03/12/2014 with an official report indicating there were no definitive findings of an acute fracture of the right 5th finger and there were extensive osteoarthritic changes in the 5th distal interphalangeal joint. An MRI of the left shoulder on April 4, 2014 with the official report indicated a near full thickness tear in the distal supraspinatus tendon, mild to moderate AC degenerative joint disease, and subacromial subdeltoid bursitis. Surgeries were not indicated within the medical records provided. The injured worker had complaints of left shoulder pain, and indicated it was very difficult to complete ADLs. The clinical note dated Septmber 8, 2014 noted the injured worker had tenderness to palpation over the left acromioclavicular joint, left coracoid process, left lateral shoulder, and left trapezius muscles. The range of motion in the injured worker's right shoulder was 150 degrees of forward flexion, 150 degrees of abduction, 70 degrees of internal rotation, and 90 degrees of external rotation. The range of motion in the left shoulder was 10 degrees of forward flexion, 10 degrees of abduction, 10 degrees of internal rotation, and 10 degrees of external rotation. The injured worker had a positive Hawkins sign, tenderness to palpation to the left trochanter, a positive Ober's test on the left. The injured worker's deep tendon reflexes were 1/4 in the bilateral upper extremities, 1/4 in the bilateral knees, and 0/4 in the bilateral ankles. The injured worker had a 3/5 motor strength in the left extensor hallucis longus muscle, and had weakness in the left shoulder external rotator, left shoulder abductor graded 4+/5,

diminished sensations to light touch over the left L5 dermatomes bilaterally. Medications included Lidoderm patches, Voltaren Gel, glipizide, and duloxetine. The treatment plan included the physician's recommendation to continue treatment with [REDACTED], consideration of future referral for surgical consultation, consultation with a psychologist specializing in chronic pain, to continue the use of medications, a urine toxicology screen, and for the injured worker to wear an arm sling on an as needed basis. The treatment plan also included the request for x-rays of the left hip, referral to an orthopedic surgeon, and a pain management psychologist consultation. The rationale provided was an x-ray would allow further assessment of the injured worker's anatomic pathology. The Request for Authorization form was not provided within the medical record received.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray series of the left hip to include weight bearing views, quantity of two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6. Decision based on Non-MTUS Citation ODG- Hip & Pelvis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ASSESSMENT APPROACHES Page(s): 6.

Decision rationale: The request for X-ray series of the left hip to include weight bearing views per RFA dated August 24, 2014, QTY: 2 is not medically necessary. The injured worker had complaints of left shoulder pain, and indicated it was very difficult to complete ADLs. The California MTUS Guidelines state thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and should include a review of the medical records. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serve to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. If a diagnostic workup is indicated and it does not reveal a clinically significant contraindication, then the physician should encourage the patient to engage in an active rehabilitation program. The injured worker reported a date of injury of March 10, 2014, where her left shoulder was examined and was noted to have a decreased range of motion secondary to pain. However, there is a lack of documentation indicating the injured worker had complaints of hip pain. The guidelines state thorough history taking, clinical assessments, and treatment planning for the patient with chronic pain serve to establish reassurance and patient confidence. However, there is a lack of documentation indicating the injured worker had complaints of hip pain prior to the August 4, 2014 examination to justify the pain was a result from the March 10, 2014 motor vehicle accident. As such, the request for X-ray series of the left hip to include weight bearing views, quantity of two, is not medically necessary or appropriate.