

Case Number:	CM14-0169825		
Date Assigned:	10/20/2014	Date of Injury:	04/20/2013
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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:

This is a 64 year old male with a 4/20/13 injury date. The patient sustained various injuries to his body while doing his customary work, which involved lifting a heavy metal gate and working on his feet 90 percent of the time. In a 9/17/14 follow-up, the patient complained of pain in the left shoulder, left elbow, left wrist, bilateral hip, left knee, left ankle and left foot. Objective findings on left shoulder exam included tenderness over the bursa and acromioclavicular joint, positive impingement signs, positive cross-body adduction, and normal range of motion. The left elbow showed tenderness over the lateral epicondyle and extensor tendon, positive Cozen's test, and normal range of motion. The left wrist exam was normal. Examination of bilateral hips showed tenderness over the greater trochanters, negative provocative maneuvers, 100 degrees flexion, 30 degrees extension, 40 degrees abduction, 20 degrees adduction, 50 degrees external rotation, and 40 degrees internal rotation. The left knee exam revealed tenderness over the lateral joint line, patellofemoral crepitus, no instability, positive patellar grind, and normal range of motion. The left ankle exam showed tenderness over the medial and lateral joint areas, positive crepitus, negative instability, and normal range of motion. Overall, the neurological exam of the affected extremities showed no motor/sensory/reflex dysfunction. Diagnostic impression: rotator cuff syndrome left shoulder, left lateral epicondylitis, left wrist sprain, bilateral hip trochanteric bursitis, left knee patellofemoral arthralgia/sprain, left ankle sprain. Treatment to date: medications. A UR decision on 9/30/14 denied the request for physical therapy 2x week for 6 weeks to the left shoulder, left elbow, left wrist, bilateral hips, left knee, and left ankle because there were minimal objective findings on exam and little evidence of functional deficits that would be improved by physical therapy. The request for left shoulder ultrasound was denied because it is unclear whether the left shoulder is even a significant problem for the patient. The request for left shoulder x-ray was denied because there were no positive physical findings that

would support the request. The request for bilateral hips/pelvis x-ray was certified because there was a finding of limited hip range of motion on exam. The request for left knee x-rays was denied because there were no positive physical findings that would support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x week for 6 weeks to the left shoulder, left elbow, left wrist, bilateral hips, left knee and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, physical therapy does not appear to be supported for many of the requested anatomical sites because there have not been documented functional deficits at those sites. The patient has reproducible pain and positive provocative maneuvers on examination of the left shoulder and left elbow, with clear diagnoses (impingement, epicondylitis) that often benefit from physical therapy. However, the objective findings with regard to the left wrist, bilateral hips, left knee, and left ankle show either minimal to no functional deficits or have been assigned diagnoses (strain/sprain) that would not necessarily benefit from physical therapy. This type of review cannot modify and allow specific portions of the request. Therefore, the request for physical therapy 2x week for 6 weeks to the left shoulder, left elbow, left wrist, bilateral hips, left knee and left ankle is not medically necessary.

Diagnostic ultrasound study, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder/Ultrasound, diagnostic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559.

Decision rationale: CA MTUS states that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. However, ultrasonography for evaluation of rotator cuff is not recommended per CA MTUS. Therefore, the request for diagnostic ultrasound study, left shoulder, is not medically necessary.

X-ray of left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder, Radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter--Radiography

Decision rationale: CA MTUS does not address this issue. ODG states that plain radiographs should be routinely ordered for patients with chronic shoulder pain, and this patient has had shoulder pain for at least several months. Therefore, the request for x-ray of the left shoulder is medically necessary.

X-rays of bilateral hips/pelvis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis, X-Ray

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter--Radiography

Decision rationale: CA MTUS does not address this issue. ODG states that hip and pelvis x-rays are recommended, and this patient has a history of acute but distant injury to the hips. There are also positive findings on exam that include tenderness over the trochanters. Therefore, the request for x-rays of bilateral hips/pelvis is medically necessary.

X-rays of left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg, radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: CA MTUS states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case the patient does have a history of distant acute knee trauma that has not yet been properly evaluated. In addition, there are significant exam findings such as crepitus that would suggest the presence of an arthritic condition. Therefore, the request for x-rays of the left knee is medically necessary.