

Case Number:	CM14-0170628		
Date Assigned:	10/23/2014	Date of Injury:	09/23/2011
Decision Date:	11/21/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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 Geriatrics and is licensed to practice in New York. 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 53 year old man with a date of injury of 9/23/11. He was seen by his secondary treating physician on 9/24/14. He had left shoulder pain and right knee pain. He had radiation to his right upper trapezius and several near falls. His exam showed that the left shoulder range of motion was decreased and painful with flexion to 170 degrees, abduction to 165 degrees and internal rotation to 60 degrees and external rotation to 75 degrees. He had tenderness to palpation of the anterior shoulder, lateral shoulder and acromioclavicular joint. His right knee range of motion was normal and he was tender to palpation in the anterior, medial and lateral knee with a positive valgus and varus and McMurray's test. His diagnoses included right knee residuals after prior arthroscopic surgery, right knee chondromalacia, effusion, ACL sprain, left shoulder pain/dysfunction/impingement/bursitis/rotator cuff tendinitis and AC joint arthrosis, status post left shoulder A/S, SAD, debridement, DCR 2/6/14. At issue in this review is the request for a follow up 4-6 weeks and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 195-224.

Decision rationale: This worker has been injured since 2011 and has chronic pain in his shoulders and knees. Physician follow-up is appropriate when a release to modified-, increased-, or full-duty work is needed, or after appreciable healing or recovery is expected. In this case, the worker's symptoms are chronic. The request for a follow up in 4-6 weeks is non-specific as to the reason for follow-up and not medically substantiated in the records.

Range of Motion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 195-224.

Decision rationale: The injured worker is a 53year old man with an injury in 2011. Range of motion testing is a non-specific request that can be completed as part of the routine musculoskeletal exam. Her exam does not document any significant motor abnormalities but does show decreased shoulder range motion documented on the physical exam. The records do not support the medical necessity for range of motion testing.