MAXIMUS Federal Services

Case Number:	CM14-0177085		
Date Assigned:	10/30/2014	Date of Injury:	02/11/2013
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 surgeon, 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 patient is a 53-year-old male with date of injury of February 11, 2013. The patient has chronic left shoulder pain and left elbow pain. The patient takes NSAID medication and narcotics for the pain. The patient had corrective surgery on the right shoulder which did not reduce his symptoms. On physical examination the patient has atrophy of the left shoulder with reduced range of motion and reduced abduction strength. There is positive impingement sign. Exam of the left elbow revealed signs and symptoms of medial and lateral epicondylitis.The patient had left glenohumeral injection of Kenalog. The patient has had physical therapy for left shoulder impingement. At issue is whether shoulder additional shoulder physical therapy is medically necessary. The patient also has knee pain. The patient has an MRI of the knee that shows meniscal pathology. There is no history of recent knee,. There is no documentation of significant conservative measures for the treatment of knee pain. There is no documentation of concern for fracture or tumor in the lower extremity. At issue is whether knee x-rays are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Of Physical Therapy For The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: This patient does not meet establish criteria for 12 additional sessions of physical therapy for left shoulder. According to the medical records the patient has had completed 24 sessions of postoperative physical therapy by February 20, 2014. There is no documentation of improvements nor is there any documentation of reduced dependency on medications. Guidelines do not support additional physical therapy at this time as the patient has maximized physical therapy at the surgery without significant functional improvement. Therefore the request is not medically necessary.

Weight Bearing Complete Left Knee, X-Ray Series: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter

Decision rationale: Guidelines recommend the use of x-rays after history of acute trauma or for evaluation of fracture. MTUS guidelines state that soft tissue injuries of the knee a best visualized by MRI. Osteoarthritis systems a weekly associated with x-ray findings. There is no documentation of significant conservative measures for knee pain. X-rays are not medically necessary at this time.

2 View X-Ray Of The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: The patient has had surgery to the left shoulder. The patient has had prior MRI to the left shoulder. There are no red flag indicators for significant change in symptoms since the patient surgery. Cases of impingement syndrome a manager same regardless of whether radiographs show calcium or degenerative changes around the glenohumeral joint. Medical necessity for x-rays of the shoulder has not been established.

2 View X-Ray Of The Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder and elbow chapter

Decision rationale: The patient presented with elbow problems, guidelines do not recommend imaging studies unless does appear to 4-6 weeks of conservative care. The medical records do not document a period of 4-6 weeks at conservative care for elbow pain. In addition there are no red flag for elbow imaging such as concern for fracture or tumor. Guidelines do not support x-rays of the elbow at this time. Therefore the request is not medically necessary.