

Case Number:	CM14-0184127		
Date Assigned:	11/12/2014	Date of Injury:	02/19/2014
Decision Date:	12/18/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 female patient with a date of injury of February 19, 2014. A utilization review determination dated October 27, 2014 recommends non-certification of a follow-up consultation with an orthopedist for right shoulder left knee, and unspecified treatment with an orthopedist for the right shoulder and left knee. A progress note dated October 2, 2014 identifies subjective complaints of pain to the left foot and right shoulder described as burning and sharp. The pain score on the VAS is a 7 when walking a lot and a 0 at rest. Their patient states that the pain is intermittent, is aggravated by bending and walking, and the pain is alleviated by lying down and sitting down. She reports continued limited mobility in the right shoulder and pain in the left knee. Physical examination reveals tenderness over the anterior aspect of the right shoulder, right shoulder range of motion is painful, there is tenderness in the anterior left knee, and there is crepitus in the left knee. The diagnoses include sprain of the shoulder/arm, right shoulder adhesive capsulitis, sprain knee/leg, and injured by fall. The treatment plan recommends a follow-up with the orthopedist due to the patient's continued right shoulder pain and left knee pain that is not progressing with conservative treatment consisting of rest, modified work duties, and physical therapy. An orthopedic progress note dated August 6, 2014 identifies subjective complaints of injury of the right shoulder and left knee. The physical examination reveals global tenderness of the right shoulder, right, periscapular muscles, and right deltoid insertion. The left knee had trace effusion, medial joint line tenderness, and medial tibial tenderness. The treatment plan recommends the possibility of a corticosteroid injection to strengthen the bursa in the right shoulder to allow the patient to do physical therapy. The treatment plan also recommends the use of Tylenol, ice, an injection for the shoulder, and possibly an injection for the knee as well, to try to get the patient back to work activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consultation with orthopedist, for right shoulder and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration guidelines, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for a follow-up consultation with orthopedist for right shoulder and left knee, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient already had a consultation with the orthopedist on August 6, 2014 for the right shoulder and left knee. As such, the currently requested follow-up consultation with an orthopedist for right shoulder and left knee is not medically necessary.

Unspecified treatment with orthopedist, right shoulder, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration guidelines, Shoulder (acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for unspecified treatment with the orthopedist for the right shoulder and left knee, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request does not specify the treatment being requested. In light of the above issues, the currently requested unspecified treatment with the orthopedist for the right shoulder and left knee is not medically necessary.