

Case Number:	CM14-0020933		
Date Assigned:	04/30/2014	Date of Injury:	10/13/2006
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The patient is an employee of [REDACTED] and has submitted a claim for chronic pain due to trauma associated with an industrial injury date of October 13, 2006. Treatment to date has included oral and topical analgesics, home exercise program, TENS, acupuncture. Medical records from 2013 to 2014 were reviewed and showed pain in the lower back, neck and shoulders graded 8/10. Tightness was felt over the left shoulder, and the patient was unable to stand upright. He has started to develop pain on the right foot with pain over the right shin and the buttocks. Physical examination showed an antalgic gait with limitation of motion of the bilateral shoulders and the lumbar spine. There is diffused tenderness over the thoracolumbar paraspinal muscles, bilateral trapezius, left parascapular area, and the lateral aspect of the right foot. Atrophy and decreased sensation at the left lower extremity was also noted. The patient was diagnosed with thoracic sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and chronic pain due to trauma. Utilization review dated February 13, 2014 denied the request for ortho evaluation of bilateral shoulders because there is no documentation of detailed subjective and objective evaluation, including strength testing, range of motion and common impingement signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO EVALUATION OF BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 7, page(s) 127.

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), 2ndEdition, (2004) Chapter 7, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists 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. In this case, ortho evaluation for the bilateral shoulder was recommended, however, the reason for the request was not discussed. There was no discussion regarding uncertainty or complexity of diagnosis that warranted another specialist consultation. Moreover, the medical records did not discuss treatment failure of previous treatment recommendations by the primary physician. The medical necessity has not been established. Therefore, the request for ortho evaluation of the bilateral shoulder is not medically necessary.