

Case Number:	CM14-0026309		
Date Assigned:	06/13/2014	Date of Injury:	07/30/2013
Decision Date:	07/29/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 Surgery, and is licensed to practice in California and Utah. 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 39-year-old female who reported an injury on 7/30/13. The injury occurred when she twisted her ankle while walking down the steps and fell to the ground. On 4/28/14, the injured worker presented with low back, left shoulder, left hip, right foot and right ankle pain. Upon examination of the lumbar spine, there was tenderness to palpation with spasm to the paraspinals, limited range of motion secondary to pain, and lumbar range of motion values of: flexion 58% of normal, extension 84% of normal, left lateral 84% of normal, and right lateral 68% of normal. Evaluation of the left shoulder revealed tenderness to palpation with spasm of the left upper trapezius muscle and limited range of motion secondary to pain. There was also positive impingement, apprehension sign and empty can test. Examination of the left hip/thigh revealed tenderness to palpation of the greater trochanter and limited range of motion secondary to pain. The diagnoses were lumbar spine sprain/strain, lower extremity neuropathy, left hip sprain/strain, right ankle sprain/strain, left shoulder sprain/strain, left shoulder myospasms, left shoulder clinical impingement, left shoulder tendonitis, and left shoulder bursitis. Prior therapy included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

An orthopedic consult for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM guidelines recommend a orthopedic consult for injured workers who have red flag conditions, activity limitations for more than four months with the existence of a surgical lesion, failure to increase range of motion and strength of the musculature even after exercise programs, and clear clinical evidence of a lesion that has been shown to benefit from surgical repair. The clinical documentation lacks evidence of the injured worker having a red flag condition, or clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short or long term from surgical repair. There is a lack of documentation of failure to increase range of motion and strength through an exercise program. As such, the request is not medically necessary.