

Case Number:	CM14-0048587		
Date Assigned:	06/25/2014	Date of Injury:	03/05/2013
Decision Date:	07/28/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatric Medicine, 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 63-year-old man with a date of injury of March 5, 2013. He was seen by his primary treating physician on February 27, 2014 with complaints of right shoulder and left ankle pain not being helped by home exercises but medications were helpful. His physical exam showed a positive cervical foraminal compression test when the head was turned to the right with pain with neck motion. He had pain with palpation of his right shoulder and crepitation with range of motion testing. O'Brien's test was positive on the right and his bilateral shoulder exam was said to reveal evidence of rotator cuff pathology. He had tendon tears in the plantar aspect of his left foot over the medial area and there appeared to be a positive Tinel's sign over the sinus tarsi. His diagnoses were cervical spine strain/sprain, rule out discopathy, right and left shoulder impingement syndrome, lumbar spine strain/sprain and left foot plantar fasciitis, rule out left foot sinus tarsi syndrome. At issue in this review is the request for consultation and treatment of the right shoulder and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation and treatment for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Disorders.

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

Decision rationale: This injured worker was denied a request for a shoulder specialist evaluation due to suspicion on physical exam of impingement and rotator cuff pathology. There are no red flag symptoms or signs which would be indications for immediate referral. Surgery is considered for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. Other modalities of conservative therapy could be trialed prior to surgical referral and surgical outcomes of rotator cuff tears are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. The request for one consultation and treatment for the right shoulder is not medically necessary or appropriate.

One consultation and treatment for the left foot and ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-377.

Decision rationale: This injured worker was denied a request for foot and ankle specialist evaluation due to suspicion on physical exam of plantar fasciitis and tinus tarsi syndrome. There are no red flag symptoms or signs which would be indications for immediate referral. Other modalities of conservative therapy could be trialed prior to referral. The request for one consultation and treatment for the left foot is not medically necessary or appropriate.