

Case Number:	CM14-0187314		
Date Assigned:	11/17/2014	Date of Injury:	03/06/2014
Decision Date:	05/01/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 03/06/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spine strain/sprain, bilateral elbow cubital tunnel syndrome, thoracic spine strain/sprain, bilateral knee injury, and bilateral shoulder strain. Treatment to date has included laboratory studies, medication regimen, chiropractic care, home exercise program, magnetic resonance imaging of the cervical spine, computed tomography of the brain. In a progress note dated 10/28/2014 the treating provider reports complaints of constant, moderate, sharp bilateral shoulder pain with numbness, weakness, and soreness. The pain was rated an eight on a scale of zero to ten. The treating physician requested a neurological consultation for complaints of headache for six months, internal medicine consultation for hypertension due to work related stressors, and diagnostic ultrasound of the bilateral shoulders, but the documentation provided did not indicate the specific reason for the requested ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42.

Decision rationale: Injured worker he is being treated for cumulative trauma disorder affecting multiple body parts including: Knees, elbows, shoulders, and head. CT scan of the brain was performed and reported on 5/5/14 for evaluation of contusions with posttraumatic paresthesias. The findings were normal without evidence of fracture, cortical infarction or hemorrhage. Available for review were multiple chiropractic progress notes and primary treating physician progress notes all of which are difficult to decipher. Primary patient complaints include bilateral shoulder pain. Primary physical exam findings include tenderness of the lumbosacral spine, positive straight leg raise test bilaterally, tenderness of bilateral shoulders with impaired shoulder range of motion in all planes. There is no record of vital signs including blood pressure. Request is been made for neurology consultation and evaluation of headaches. MTUS guidelines indicates that in the absence of red flags, work-related complaints can be handled safely and effectively by occupational and primary care providers. In the case of this injured worker there is no supporting documentation of red flags indicate specialty consultation. Request as written is therefore not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42.

Decision rationale: The injured worker is being treated for cumulative trauma disorder affecting multiple body parts including: Knees, elbows, shoulders, and head. CT scan of the brain was performed and reported on 5/5/14 for evaluation of contusions with posttraumatic paresthesias. The findings were normal without evidence of fracture, cortical infarction or hemorrhage. Available for review were multiple chiropractic progress notes and primary treating physician progress notes all of which are difficult to decipher. Primary patient complaints include bilateral shoulder pain. Primary physical exam findings include tenderness of the lumbosacral spine, positive straight leg raise test bilaterally, tenderness of bilateral shoulders with impaired shoulder range of motion in all planes. There is no record of vital signs including blood pressure. Request has been made Internal medicine consultation for unclear document reasons. MTUS guidelines indicates that in the absence of red flags, work-related complaints can be handled safely and effectively by occupational and primary care providers. In the case of this injured worker, there is no supporting documentation of red flags indicating specialty consultation necessity. Request as written is therefore not medically necessary.

Diagnostic ultrasound, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-202.

Decision rationale: The injured worker is being treated for cumulative trauma disorder affecting multiple body parts including: Knees, elbows, shoulders, and head. CT scan of the brain was performed and reported on 5/5/14 for evaluation of contusions with posttraumatic paresthesias. The findings were normal without evidence of fracture, cortical infarction or hemorrhage. Available for review were multiple chiropractic progress notes and primary treating physician progress notes all of which are difficult to decipher. Primary patient complaints include bilateral shoulder pain. Primary physical exam findings include tenderness of the lumbosacral spine, positive straight leg raise test bilaterally, tenderness of bilateral shoulders with impaired shoulder range of motion in all planes. No specific mechanism of injury special signs were noted. In the absence of red flag findings, shoulder pain due to overuse relative to physical conditioning, MTUS guidelines does not recommend special testing. Request for diagnostic shoulder ultrasounds therefore not medically necessary.