

<b>Case Number:</b>	CM15-0137536		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	08/02/2002
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 43-year-old female, who sustained an industrial injury on August 2, 2002, incurring left shoulder, lower extremities, and lower back injuries. She was diagnosed with lumbosacral disc degeneration, right hip labral tear and sacroiliac pain. Treatments included anti-inflammatory drugs, pain medications, neuropathic medications, proton pump inhibitor, sleep aides, topical analgesic patches and activity modifications. Currently, the injured worker complained of lower backache, left shoulder pain and bilateral knee pain. She rated her pain a 7 on a pain scale of 1 to 10. She noted difficulty sleeping secondary to the pain. The patient has had radiating pain from shoulder to arm. Physical examination of the lumbar spine revealed antalgic gait, tenderness on palpation, cannot walk on heel, tenderness on palpation and negative SLR. The patient has had limited range of motion of hip and knee. The treatment plan that was requested for authorization included an ice pack and a referral to an orthopedic surgeon. The medication list include Omeprazole, Oxycodone, Oxycontin, Trazodone and Gabapentin. The patient has had MRI of the left shoulder on 9/23/11 that revealed supraspinatus tendinosis and on 3/5/15 that revealed interval healing of SLAP tear and osteoarthritis and tendinosis. Patient had received SI joint injection on 9/10/14 and right hip injection. The patient had received an unspecified number of the PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice Pack:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Chapter: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** Ice Pack; Per the ACOEM guidelines cited below. At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. She was diagnosed with lumbosacral disc degeneration, right hip labral tear and sacroiliac pain. Currently, the injured worker complained of lower backache, left shoulder pain and bilateral knee pain. She rated her pain a 7 on a pain scale of 1 to 10. She noted difficulty sleeping secondary to the pain. The patient had radiating pain from shoulder to arm. Physical examination of the lumbar spine revealed antalgic gait, tenderness on palpation, cannot walk on heel, tenderness on palpation. The patient had limited range of motion of hip and knee. The patient has had MRI of the left shoulder on 9/23/11 that revealed supraspinatus tendinosis and on 3/5/15 that revealed interval healing of SLAP tear and osteoarthritis and tendinosis. Therefore the patient had significant objective findings suggestive of significant musculoskeletal conditions that would be benefitted by a simple conservative measure like an Ice Pack. The request for Ice Pack is medically necessary and appropriate for this patient at this time.

**Referral to orthopedic surgeon:** Overturned

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

**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) Chapter 7, IME and consultations.

**Decision rationale:** Per the cited guidelines, the occupational 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. She was diagnosed with lumbosacral disc degeneration, right hip labral tear and sacroiliac pain. Currently, the injured worker complained of lower backache, left shoulder pain and bilateral knee pain. She rated her pain a 7 on a pain scale of 1 to 10. She noted difficulty sleeping secondary to the pain. The patient has had radiating pain from shoulder to arm. Physical examination of the lumbar spine revealed antalgic gait, tenderness on palpation, cannot walk on heel, tenderness on palpation. The patient has had limited range of motion of hip and knee. The patient has had MRI of the left shoulder on 9/23/11 that revealed supraspinatus tendinosis and on 3/5/15 that revealed interval healing of SLAP tear and osteoarthritis and tendinosis. Therefore this complex case and the management of this case would be benefitted by Referral to an orthopedic surgeon. The request for Referral to an orthopedic surgeon is medically necessary and appropriate for this patient.