

Case Number:	CM15-0187745		
Date Assigned:	11/12/2015	Date of Injury:	07/02/2015
Decision Date:	12/29/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained an industrial injury on 7-2-15. The injured worker was diagnosed as having left ankle sprain/strain; left-right knee sprain/strain; right shoulder impingement syndrome, cervical discopathy. Treatment to date has included physical therapy, excused duty. Diagnostics studies included x-rays of right shoulder; bilateral knees and left ankle. Currently, the PR-2 notes dated 8-24-15 indicated the injured worker presents to this office for an initial orthopedic evaluation. The injured worker complains of a gradual onset of pain in his knees, left ankle and right shoulder secondary to repetitive motions required to perform his work duties. The injured worker reports that despite his symptoms, he did not initially report his injuries and continued working. He also indicates he did not receive any formal medical treatment for his knees, left ankle and right shoulder as he "opted to self-treat his symptoms over the years with over-the-counter medication and remedies as well as rest". His symptoms progressed and prompted him to report them to his employer on 7-115 in order to seek medical attention. His current complaints include frequent pain in both knees aggravated by squatting, kneeling, ascending and descending stairs, waling, and prolonged standing. He reports swelling and buckling and pain is characterized by throbbing. The provider notes, "on a scale of 1 to 10, the pain is 5". There is pain in the bilateral knee with left greater than right and knees give way and he has experienced falling many times. He also has intermittent pain in the left ankle aggravated by ascending-descending stairs, lifting, bending but there is no swelling or buckling of the ankle but pain is characterized as throbbing. The provider notes, "pain is a 4" on the pain scale. He has frequent pain in the right shoulder aggravated by forward reaching, lifting,

pushing, pulling, and working above the shoulder level and characterized by throbbing. He further admits the pain radiates from this neck at times. The provider documents "the pain is a 6" on the pain scale. He also reports difficulty sleeping due to pain. The injured worker has a medical history of hypertension and diabetes. He is currently taking Metformin and Lisinopril. He reports surgical history of right knee surgery (1978), left knee surgery (1988) right toe surgery (1996) due to gout. The provider obtained x-rays on this date of the bilateral knees revealing "degenerative joint disease with advance left-side more pronounced than on the right." "Radiographic examination of the right shoulder obtained today, revealed severe hypertrophy of the distal clavicle; left ankle is essentially within normal limits." The provider documents diagnoses of: clinical impingement right shoulder rule out internal derangement; sprain-strain of both knees rule out internal derangement; sprain-strain left ankle rule out internal derangement and cervical discopathy. He also notes that these diagnoses have been made without the injured workers prior medical records. He recommended physical therapy, and additional diagnostic studies for a more definitive assessment of pathology that may be present. A Request for Authorization is dated 9-17-15. A Utilization Review letter is dated 8-26-15 and non-certification for Initial Visit and appropriate treatment and X-Rays of Knees, Left ankle and Right shoulder. A request for authorization has been received for Initial Visit and appropriate treatment and X-Rays of Knees, Left ankle and Right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Visit and appropriate treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies, and Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The injured worker sustained a work related injury on 7-2-15. The medical records provided indicate the diagnosis of clinical impingement right shoulder rule out internal derangement; sprain-strain of both knees rule out internal derangement; sprain-strain left ankle rule out internal derangement and cervical discopathy. Treatments requested included Physical therapy. The injured worker had X-rays of the shoulder, knee and ankle; and a request was made for MRI of the left ankle, left knee and left shoulder, and neck. He was excused placed on temporary total disability for about six weeks. The medical records provided for review do not indicate a medical necessity for Initial Visit and appropriate treatment. The medical records indicate the injured worker was seeing a physician for the first time regarding the injured parts. After history and psychical, the doctor proceeded to do X-rays of the affected parts; then requested for physical therapy, MRI images of affected parts, and finally paled the injured worker or temporary total disability. The records indicate the treatments and tests rendered did not follow the MTUS recommendations. Several chapters of the MTUS, including the Shoulder and neck chapters recommend . that for most patients special studies are not needed are not needed unless a four- to six-week period of conservative care and observation fails to improve

symptoms. Therefore, it was not appropriate to order MRI at this initial visit without waiting for the outcome of conservative treatment, particularly in this case that there were no red flags of serious acute injuries. The injured worker was placed on temporary total disability; whereas the MTUS recommends returning the injured worker to work as soon as possible. If not possible to return the injured worker to modified duty; except under exceptional circumstances when the worker is taken off work, usually as a matter of safety. The MTUS states as follows: Most workers who report a work-related health concern can return to regular-, temporary-, or modified-duty immediately or within a short time. Occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Prompt return to work in a capacity suitable for the worker's current capabilities and needs for rest, treatment, and social support prevents deconditioning and disabling inactivity, reinforces self-esteem, reduces disability, and improves the therapeutic outcome in most individual cases and on an aggregate basis. Ill or injured workers can be temporarily placed in different jobs from their usual jobs (temporary-duty), or their usual jobs can be temporarily modified to accommodate their limitations and remaining abilities (modified or temporary transitional work). Accommodation, with progressively fewer restrictions as healing occurs, generally has a greater chance of success; the highest success rates are achieved when workers return to a modification of their pre-injury job. Disability management conveys respect for injured or ill employees and provides social support that hastens recovery. The request is not medically necessary.

X-Rays of Knees, Left ankle and Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and Knee Complaints 2004, Section(s): Special Studies, and Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The injured worker sustained a work related injury on 7-2-15. The medical records provided indicate the diagnosis of clinical impingement right shoulder rule out internal derangement; sprain-strain of both knees rule out internal derangement; sprain-strain left ankle rule out internal derangement and cervical discopathy. Treatments requested included Physical therapy. The injured worker had X-rays of the shoulder, knee and ankle; and a request was made for MRI of the left ankle, left knee and left shoulder, and neck. He was excused, placed on temporary total disability for about six weeks. The medical records provided for review do not indicate a medical necessity for X-Rays of Knees, Left ankle and Right shoulder. In the absence of serious injuries or injuries associated with red flags, the MTUS does not recommend X-ray for most musculoskeletal injuries within the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous condition involving the foot or ankle condition or of referred pain, or any other bony area of the body. The request is not medically necessary.

