

Case Number:	CM15-0188500		
Date Assigned:	09/30/2015	Date of Injury:	06/12/2015
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
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: California

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:

This 50-year-old female sustained an industrial injury on 6-11-15. Documentation indicated that the injured worker was receiving treatment for injuries to the right shoulder and right knee. Previous treatment included physical therapy, chiropractic therapy and medications. In an initial pain management evaluation dated 8-12-15, the injured worker complained of worsening symptoms with severely limited range of motion of the right shoulder with pain associated with numbness and tingling down the arm and severe right knee pain with swelling. The injured worker rated her pain 7 out of 10 on the visual analog scale. Physical exam was remarkable for right shoulder with swelling, tenderness to palpation and range of motion: flexion 150 degrees, extension 50 degrees, abduction 110 degrees, adduction "impaired" and bilateral rotation 70 degrees, positive impingement, supraspinatus sign, O'Brien's test, anterior drawer sign and brachial plexus stretch and right knee with no effusion, stiffness, or swelling, no tenderness to palpation, negative patellar pressure and range of motion 0 to 115 degrees without pain or patellofemoral crepitus, positive patellar compression test, Lachman test, patellar apprehension test and anterior drawer test but no evidence of instability. The physician recommended magnetic resonance imaging right knee and right shoulder and intraarticular injections to the right shoulder and right knee under fluoroscopic guidance. On 8-11-15, a request for authorization was submitted for an orthopedic consultation. On 8-24-15, Utilization Review noncertified a request for orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, physical examination on 8/12/15 was remarkable for right shoulder with swelling, tenderness to palpation and decreased range of motion, positive impingement, supraspinatus sign, O'Brien's test, anterior drawer sign and brachial plexus stretch. The examination of the right knee revealed positive patellar compression test, Lachman test, patellar apprehension test and anterior drawer test but no evidence of instability. The injured worker has failed treatment with physical therapy and the use of NSAIDs. The request for an orthopedic evaluation is supported in this case. The request for orthopedic consultation is determined to be medically necessary.