

Case Number:	CM15-0112430		
Date Assigned:	06/18/2015	Date of Injury:	08/23/2013
Decision Date:	07/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/10/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on June 23, 2013. The injured worker was diagnosed as having lumbar disc displacement with myelopathy, sciatica, left hip sprain/strain and partial tear of left rotator cuff. Treatment to date has included therapy and medication. A progress note dated April 27, 2015 provides the injured worker complains of left shoulder, low back and left hip pain with radiation to the left foot and numbness to the left hip and leg. Physical exam notes ambulation with a cane and the use of a back support. There is left shoulder tenderness, spasm and numbness and tingling to the elbow. There is lumbar tenderness and spasm with positive straight leg raise. An orthopedic consult on 5/28/15 recommended surgery. Tenderness and spasm of the left hip is noted. There is a request for follow-up with orthopedist, range of motion (ROM) measurement and addressing activities of daily living (ADL).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with an Orthopedist including Range of Motion Measurement and ADL evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: MTUS Guidelines supports the rational use of specialty consultations and evaluations. Prior orthopedic surgeries consult recommended shoulder surgery. Follow up with the orthopedist is usual and customary after additional testing has been accomplished (MRI). Therefore, this request for follow up visit with an orthopedist including range of motion measurement and ADL evaluation is medically necessary.