

Case Number:	CM15-0035428		
Date Assigned:	03/03/2015	Date of Injury:	11/13/2014
Decision Date:	06/30/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old male injured worker suffered an industrial injury on 11/13/2014. The diagnoses included right and left shoulder strain and right and left foot strain. The treatments included medications. On 1/22/2015 the treating provider right shoulder /arm pain and left shoulder/arm pain, right/left foot pain. On exam there was diffuse right/left shoulder and right/ left foot tenderness. The treatment plan included Pain management consultation, Internal medicine consultation and Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the bilateral shoulders and bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127.

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

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation for bilateral shoulders and bilateral feet is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right and left shoulder strain; and right and left foot strain. The documentation medical record indicates the injured worker saw an orthopedic surgeon on December 19, 2014 (orthopedic surgeon #1). The injured worker received physical therapy. There are no complaints of chest pain. The utilization review indicates the injured worker had an MRI of the right shoulder. There is no clinical rationale in the medical record for pain management consultation for the bilateral shoulders and feet. Orthopedic consultation #1 prescribed Tylenol, Norflex and Meloxicam. Orthopedic consultation #2 did not contain a list of current medications. The documentation shows the injured worker had an MRI on January 5, 2015, but the results were missing from the medical record. There is a single entry in the medical record regarding chest pain. The documentation does not state how chest pain relates to the industrial injury. There is no clinical indication rationale for pain management consultation. Consequently, absent clinical documentation with a clear indication and rationale for pain management consultation with an MRI (results not in the medical record) that showed a full thickness tear, pain management consultation for bilateral shoulders and bilateral feet is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, internal medicine consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right and left shoulder strain; and right and left foot strain. The documentation medical record indicates the injured worker saw an orthopedic surgeon on December 19, 2014 (orthopedic surgeon #1). The injured worker received physical

therapy. There are no complaints of chest pain. The utilization review indicates the injured worker had an MRI of the right shoulder. There is no clinical rationale in the medical record for pain management consultation for the bilateral shoulders and feet. Orthopedic consultation #1 prescribed Tylenol, Norflex and Meloxicam. Orthopedic consultation #2 did not contain a list of current medications. The documentation shows the injured worker had an MRI on January 5, 2015, but the results were missing from the medical record. There is a single entry in the medical record regarding chest pain. The documentation does not state how chest pain relates to the industrial injury. There is no clinical indication rationale for an internal medicine consultation. Consequently, absent clinical documentation with a past medical history (as it relates to heart disease) and details of how chest pain relates to the industrial injury or whether it predates the injury, internal medicine consultation is not medically necessary.

12 Physical therapy visits 2 x a week for 6 weeks for the bilateral shoulders and bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy visits (two times per week times six weeks) to the bilateral shoulders and bilateral feet is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right and left shoulder strain; and right and left foot strain. The documentation medical record indicates the injured worker saw an orthopedic surgeon on December 19, 2014 (orthopedic surgeon #1). The injured worker received physical therapy. The utilization review indicates the injured worker had an MRI of the right shoulder. Orthopedic consultation #1 prescribed Tylenol, Norflex and Meloxicam. Orthopedic consultation #2 did not contain a list of current medications. The documentation shows the injured worker had an MRI on January 5, 2015, but the results were missing from the medical record. Orthopedist #2 requested a second MRI. As noted above, the injured worker received six sessions of physical therapy from orthopedist #1. According to the medical record, the injured worker did not report the shoulder injury as an industrial injury. Orthopedist #2 (in a January 22, 2015 note) states the injured worker has not received physical therapy for the industrial injury. This is an inaccurate statement. The injured worker received six physical therapy sessions. There is no documentation of prior physical therapy progress notes. There is no documentation of objective functional. The guidelines recommend a six visit clinical trial. Additional physical therapy may be clinically indicated with evidence of objective(s) improvement. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation of prior physical therapy with evidence of objective functional improvement, 12 physical therapy visits (two times per week times six weeks) to the bilateral shoulders and bilateral feet is not medically necessary.