

Case Number:	CM15-0068027		
Date Assigned:	04/15/2015	Date of Injury:	03/22/2013
Decision Date:	05/14/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: North Carolina, Georgia
 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 was a 53 year old male, who sustained an industrial injury, March 22, 2013. The injured worker received the following treatments in the past Meloxicam, Cymbalta, Robaxin, Norco, Cyclobenzaprine, Lyrica, Tramadol, lumbar spine MRI, physical therapy, home exercise program, right knee MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, heat/ice packs and x-rays lumbar spine. The injured worker was diagnosed with lumbar radiculopathy, spinal stenosis, anxiety, depression right shoulder impingement, and hypertension, right shoulder pain, spinal stenosis, and right knee myxoid degeneration in the posterior horn of the medial meniscus and status post laminectomy syndrome on January 15, 2014. According to progress note of February 3, 2015, the injured workers chief complaint was lumbar spine pain e with radiation down the left lower extremity as well as the right shoulder pain. The physical exam noted decreased range of motion with internal and external rotation of the right shoulder. The Hawkin's test was positive. The right shoulder was 75% range of motion with abduction. The treatment plan included RTC in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RTC in 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: CA MTUS states that follow up examinations should be planned as indicated by findings at initial evaluation. In this case, the claimant was seen by the orthopedist for ongoing back pain and ankle pain to assess whether interventions beyond his current pain management were indicated. According to the records, the orthopedist recommended physical therapy and reassessment after that conservative intervention. A follow up in 6 weeks is medically necessary.