

Case Number:	CM15-0097675		
Date Assigned:	05/28/2015	Date of Injury:	04/01/2004
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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:

This 51 year old man sustained an industrial injury on 4/1/2004. The mechanism of injury is not detailed. Evaluations include undated right shoulder MRI and x-ray, left knee MRI performed in 2008 and x-rays performed in 2012 and 2014, lumbosacral MRI performed in 2012, electromyogram, neck MRI dated 4/2012 and repeated in 2012-2013. Diagnoses include discogenic lumbar condition, discogenic cervical condition, internal derangement of the left knee, left heel trigger fracture, depression, and right shoulder impingement syndrome. Treatment has included oral medications, knee brace, trigger point injections, left knee injection, neck pillow, neck traction kit, activity modification, and use of a cane. Physician notes dated 4/17/2015 show complaints of neck, low back, left knee, and right shoulder/arm pain. Recommendations include TENS unit garment, DonJoy brace for the left knee, hot and cold wrap, laboratory testing, urine drug screen, repeat lumbar spine MRI, nerve study of the bilateral lower extremities, chiropractic treatment, fluoroscopic evaluation of the neck, fluoroscopic evaluation of the right shoulder, Naproxen, Effexor, Flexeril, Protonix, Tramadol ER, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy Evaluation Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-214.

Decision rationale: The injured worker sustained a work related injury on 4/1/2004. The medical records provided indicate the diagnosis of discogenic lumbar condition, discogenic cervical condition, internal derangement of the left knee, left heel trigger fracture, depression, and right shoulder impingement syndrome. Treatment has included oral medications, knee brace, trigger point injections, left knee injection, neck pillow, neck traction kit, activity modification, and use of a cane. The medical records provided for review do not indicate a medical necessity for Fluoroscopy Evaluation Right Shoulder. Neither the MTUS nor the Official Disability Guidelines recommend the use of Fluoroscopy evaluation of the shoulder. The request for Fluoroscopy Evaluation Right Shoulder is not medically necessary.