

Case Number:	CM17-0012640		
Date Assigned:	01/25/2017	Date of Injury:	10/12/2016
Decision Date:	02/16/2017	UR Denial Date:	01/13/2017
Priority:	Standard	Application Received:	01/18/2017

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 22-year-old male, with a reported date of injury of 10-12-2016. The diagnoses include left sacroiliac joint dysfunction, left shoulder pain, left hip pain, and severe degenerative joint disease of the left hip. The doctor's first report dated 11-11-2016 indicates that the injured worker presented with low back, left buttock, left hip, left shoulder, and left upper extremity complaints. The worker stated that the hip, shoulder, and elbow symptoms were "essentially unchanged" with time. The injured worker complained of stabbing left hip pain, which was rated 8 out of 10; and aching left shoulder pain, rated 5 out of 10. The worker stated that he left shoulder pain increased with range of motion. The physical examination showed a mildly antalgic gait; tenderness of the left sacroiliac joint region and in the left lateral hip; pain with internal and external rotation of the left hip; pain with range of motion of the left shoulder; tenderness to palpation over the left acromioclavicular joint and lateral aspect of the left shoulder; and positive impingement signs. The injured worker's disability status was noted as temporarily partially disabled. The orthopedic consultation report dated 12-02-2016 indicates that the injured worker presented with left shoulder, left elbow, and left hip complaints. It was noted that the injured worker had not worked since 10-17-2016. There was documentation that the injured worker had a history of hip dysplasia. The worker complained of constant numbness at the back of the left arm, and increased pain with range of motion of the left shoulder. The left shoulder pain was rated 5 out of 10. The injured worker also complained of constant stabbing pain at the left groin and laterally. The left hip pain was rated 8 out of 10. The physical examination showed tenderness to palpation at the left acromioclavicular joint, biceps tendon,

and laterally; left shoulder active forward flexion at 130 degrees, abduction at 110 degrees, external rotation at 30 degrees, and internal rotation at 80 degrees; normal strength about the left shoulder; positive Hawkins test on the left; pain with compression; cross body abduction with posterior pain on the left; pain with compression in the left biceps groove; pain in the anterior aspect of the left hip; no tenderness to palpation about the left hip; left hip active flexion at 90 degrees, external rotation at 25 degrees with pain, and internal rotation at 5 degrees with pain; normal strength about the left hip; and normal sensation to light touch about the left hip. The injured worker's disability status was deferred to the primary treating physician. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Gabapentin, Naproxen, and Ibuprofen. The request for authorization was dated 12-02-2016. The treating physician requested an MRI of the left shoulder to evaluate for possible rotator cuff tear, and a consultation with a hip replacement specialist to evaluation for a total hip arthroplasty. On 01-13-2017, Utilization Review (UR) non-certified the request for an MRI of the left shoulder, and a consultation with a hip replacement specialist to evaluation for a total hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: There was documentation that the injured worker had a history of hip dysplasia. The worker complained of constant numbness at the back of the left arm, and increased pain with range of motion of the left shoulder. The left shoulder pain was rated 5 out of 10. The injured worker also complained of constant stabbing pain at the left groin and laterally. The left hip pain was rated 8 out of 10. The physical examination showed tenderness to palpation at the left acromioclavicular joint, biceps tendon, and laterally; left shoulder active forward flexion at 130 degrees, abduction at 110 degrees, external rotation at 30 degrees, and internal rotation at 80 degrees; normal strength about the left shoulder; positive Hawkins test on the left; pain with compression; cross body abduction with posterior pain on the left; pain with compression in the left biceps groove; pain in the anterior aspect of the left hip; no tenderness to palpation about the left hip; left hip active flexion at 90 degrees, external rotation at 25 degrees with pain, and internal rotation at 5 degrees with pain; normal strength about the left hip; and normal sensation to light touch about the left hip. ODG supports imaging to evaluate etiology of condition when red flags (such as weakness and atrophy) are noted. As such the medical records do not support MRI of the shoulder congruent with ODG guidelines. Therefore, the request is not medically necessary.

Consult with hip replacement specialist to evaluation for a total hip arthroplasty:
Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016,
Section(s): Office visits.

Decision rationale: The medical records provided for review do indicate physical exam findings that support progression of joint abnormality of the hip. MTUS supports referral in cases where the primary provider needs guidance on diagnosis and treatment. As such, medical necessity of surgical referral is supported by the records provided for review. Therefore, the request is medically necessary.