

Case Number:	CM13-0020937		
Date Assigned:	03/12/2014	Date of Injury:	07/28/2012
Decision Date:	05/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral shoulder pain reportedly associated with an industrial injury of July 28, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of chiropractic manipulative therapy, muscle relaxants, MRI imaging of the right shoulder on January 12, 2013, notable for tendinosis with no other acute findings, MRI imaging of left shoulder on January 12, 2013, also notable for supraspinatus tendinosis, reportedly normal electrodiagnostic testing of the upper extremities on September 21, 2013, unspecified amounts of extracorporeal shock wave therapy and extensive periods of time off of work. In a utilization review report of August 22, 2013, the claims administrator denied a request for plain films of the shoulders, citing non-MTUS ODG Guidelines and, furthermore, incorrectly stating that the MTUS does not address the topic. The applicant's attorney subsequently appealed. On February 13, 2013, the applicant was described as off of work, on total temporary disability, with ongoing issues with neck pain, shoulder pain, ulnar neuropathy, and wrist pain. The applicant is on Naprosyn, Flexeril, and Protonix as of that point in time. Multiple progress notes interspersed throughout 2012 and 2013 were notable for comments that the applicant was off of work, on total temporary disability throughout large portions of the claim. In a handwritten note seemingly dated June 24, 2013, the applicant presented with bilateral shoulder pain. Acupuncture was sought. The applicant was asked to pursue x-rays of the shoulders, it appears, although the note is quite difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SHOULDER X-RAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Shoulder Chapter.

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

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, routine radiographs for shoulder complaints is "not recommended." In this case, no rationale, narrative, or commentary was attached to the request for authorization or application for Independent Medical Review. It is unclear why the plain films of the shoulders were sought here. The applicant has already had more definitive MRI imaging of the bilateral shoulders, which revealed evidence of rotator cuff tendinosis with no evidence of a discrete rotator cuff tear. As noted by ACOEM, routine x-rays of body parts without any associated rationale are not recommended. Therefore, the request is not medically necessary.