

Case Number:	CM13-0040071		
Date Assigned:	12/20/2013	Date of Injury:	07/17/2012
Decision Date:	05/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 20-year-old male who reported an injury on 7/17/12. The mechanism of injury was not stated. Current diagnoses include closed ankle fracture, sprained shoulder, possible AC joint separation, adjustment disorder with mixed anxiety and depressed mood, posttraumatic stress disorder, and temporomandibular joint disorder. The injured worker was evaluated on 9/19/13. The injured worker reported persistent left shoulder pain. The injured worker has been previously treated with chiropractic therapy. Physical examination was not provided on that date. Treatment recommendations included x-rays of the left shoulder and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM guidelines state that, for most patients presenting with shoulder problems, special studies are not needed unless a 4-6 week period of

conservative care and observation fails to improve symptoms. As per the documentation submitted, there was no physical examination provided on the requesting date. Therefore, there is no objective evidence of a significant musculoskeletal or neurological deficit with regard to the left shoulder. As such, the request cannot be determined as medically necessary.