

Case Number:	CM13-0052099		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2012
Decision Date:	07/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 patient is a 59 year old male who was injured on 03/21/2012 when a heavy object fell on his left hand crushing his left long finger. Progress report dated 10/02/2013 reports the patient presented with complaints of left longer finger pain and dysfunction with numbness in the fourth and fifth digits; left shoulder pain; neck pain radiating to her left shoulder and into the left hand; constipation and GI complaints; and anxiety, depression, and insomnia due to chronic pain. Objective findings on exam revealed tenderness of the acromioclavicular region of the left shoulder. Impingement sign is positive. Active range of motion (AROM) reveals abduction to 130 degrees on the left and flexion to 140 degrees on the left. The left hand is mildly swollen with mild atrophy. The cervical spine showed mild tenderness and muscle spasm. Spurling's sign is negative bilaterally. The patient has paresthesia complaints in the third, fourth and fifth fingers. Diagnoses are 1) Left middle finger distal phalanx fracture with residual dysfunction and loss of motion and swelling; 2) Left shoulder pain with partial tear of rotator cuff per MRI; 3) Cervical strain with radicular symptoms to the left, rule out herniated disc; 4) Electrodiagnostic study of 09/18/2012 evidence of bilateral carpal tunnel syndrome and left sided cubital tunnel syndrome and 5) Secondary depression, anxiety, and depression due to the above diagnoses. Prior utilization review dated 10/15/2013 states the request for x-rays of the left shoulder was not authorized as there was no evidence of shoulder signs and symptoms to warrant an x-ray of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC XRAYs OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Radiography.

Decision rationale: MTUS guidelines recommend imaging studies for red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, or clarification of anatomy prior to an invasive procedure. However, it is not clear from the provided records whether an L shoulder x-ray was previously performed. The patient did have an L shoulder MRI on 8/27/12 which showed a partial rotator cuff tear. Medical records do not document interval worsening in symptoms or examination findings. There is no documentation of new injury or red flags. Therefore, the request for diagnostic x-rays of the left shoulder is not medically necessary.