

Case Number:	CM13-0062936		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2009
Decision Date:	03/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 reported an injury on 11/04/2009. The mechanism of injury is noted to be repetitive strain. The patient is diagnosed with wrist strain, wrist pain, cervical mechanical pain, cervical radiculopathy, ulnar neuritis, chronic pain syndrome, back pain, and repetitive motion injury. At his 10/03/2013 office visit, the patient reported pain in his right arm and elbow, right-sided neck, right shoulder, and low back. His physical exam findings included pain with range of motion of the cervical spine, pain with range of motion of the right shoulder, tenderness to palpation of the paraspinal muscles of the cervical spine, tenderness to palpation over the right shoulder and especially the AC joint, limited range of motion of the right elbow, decreased sensation in the right upper extremity, and decreased motor strength in the right upper extremity. It was noted that the patient wanted to institute some general screening diagnostically, and a recommendation was made for baseline x-rays of the cervical spine, right shoulder, right elbow, and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of entire right upper extremity: cervical spine, right shoulder, right elbow, and right wrist: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179 207-209 42-43 268-269. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: According to ACOEM Guidelines, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative treatment and observation fails to improve symptoms. The criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of neurological deficits, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. The clinical information submitted for review did not include evidence of the emergence of a red flag in regard to the cervical spine, specific neurological deficits, failure to progress in the strengthening program, a plan for surgery of the cervical spine, or a plan for an invasive procedure. Details regarding the patient's prior conservative treatment in regard to the cervical spine were not specifically stated. Therefore, the patient does not meet the criteria for ordering an imaging study of the cervical spine at this time. The clinical information submitted for review also failed to indicate the specific reason the request is being made for x-rays of the right upper extremity including the shoulder, elbow, and wrist. In the absence of red flags, specific neurological deficits, failure to progress in the strengthening program, a plan for surgery or invasive procedure, the request is not supported. Additionally, the documentation failed to provide specific information regarding the patient's conservative treatment in regard to his pain in his right upper extremity. In the absence of further details regarding the necessity for x-rays of the right upper extremity and cervical spine, the request is noncertified.