

Case Number:	CM13-0071682		
Date Assigned:	01/29/2014	Date of Injury:	11/25/2013
Decision Date:	08/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 46 year old female who was injured on 11/25/2013 due to repetitive motions of stretching, turning, and raising right arm at work. Progress report dated 11/25/2013 states the patient complained of right upper extremity and low back pain. On exam, there is mild tenderness and spasm of right side of neck, right shoulder, right wrist and low back. There is positive Tinel's. Diagnoses are neck, right shoulder and right wrist strain and low back strain. Treatment and recommendations include Naprosyn, physical therapy, and modified work conditions. Prior utilization review dated 12/19/2013 states the request for a cervical pillow is not certified as there are no documented issues of sleep disturbance or mention of any participation in daily exercise; x-ray of right wrist and bilateral x-rays of shoulders are not certified as there is no documented attempts of managing shoulder symptoms status post injury and the right wrist presents no clinical findings of scaphoid fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Pillow.

Decision rationale: The patient is a 46-year-old female who claims multiple body part injuries due to repetitive use at work. Date of injury is 11/25/2013. RFA date is 12/16/13. Diagnoses include neck, B shoulder, R wrist, and low back strains. This is a request for cervical pillow. According to ODG guidelines, a pillow is recommended in conjunction with daily exercise for chronic neck pain. However, the patient's condition was not chronic at the time of the request. There is no discussion of daily exercise. There is no mention of sleep disturbance due to neck pain. Therefore, the request is not medically necessary.

X-RAY OF RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Radiography.

Decision rationale: The patient is a 46-year-old female who claims multiple body part injuries due to repetitive use at work. Date of injury is 11/25/2013. RFA date is 12/16/13. Diagnoses include neck, B shoulder, R wrist, and low back strains. This is a request for an X-ray of the right wrist. According to ODG guidelines, X-rays are indicated for acute hand or wrist trauma or chronic wrist pain. However, there was no acute trauma, and the patient's condition is not clearly chronic. There has been no failure of conservative care. History and exam do not suggest a red flag condition. Therefore, the request is not medically necessary.

X-RAY OF BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209 and 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Radiography.

Decision rationale: The patient is a 46-year-old female who claims multiple body part injuries due to repetitive use at work. Date of injury is 11/25/2013. RFA date is 12/16/13. Diagnoses include neck, B shoulder, R wrist, and low back strains. This is a request for X-ray of the bilateral shoulders. According to ODG guidelines, shoulder X-ray is indicated for acute trauma or chronic pain. However, there was no acute trauma, and the patient's condition is not clearly chronic. There has been no failure of conservative care. History and exam do not suggest a red flag condition. Therefore, the request is not medically necessary.