

Case Number:	CM14-0103547		
Date Assigned:	07/30/2014	Date of Injury:	03/19/2014
Decision Date:	10/08/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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 70-year-old female who was injured on March 19, 2014. The mechanism of injury was a fall at work; she got tangled up in a toy bike. The diagnosis is listed as unspecified closed fracture of pelvis. The most recent progress note, dated 5/28/14, reveals complaints of constant mild to moderate sharp pain in the left shoulder as well as mild swelling, numbness, tingling, and burning; she is also experiencing constant moderate dull to sharp pain in her hips. Physical examination revealed the injured worker ambulating with a cane, with mild tenderness over her left upper ribs and tenderness over the left acromioclavicular (AC) joint and left supraspinatus deltoid complex. Orthopedic tests for impingement, a possible supraspinatus muscle tear, and sacroiliac joint dysfunction were all positive. Prior treatment includes physical therapy, EKG, cardiac echocardiogram which was terminated early due to pain, and medications. Current medications include Aspirin, Fluoxetine, Wellbutrin, Omeprazole, Naproxen, Vitamin D3, and Calcium. A prior utilization review determination dated 6/6/14 resulted in denial of a retrospective request for one X-ray of the left shoulder, date of service (DOS) 5/28/14, a retrospective request for one X-ray of the sacrum, DOS 5/28/14, and a retrospective request for one X-ray of the left ribs, DOS 5/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 x-ray of the left shoulder (DOS 5/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 and 214.

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

Decision rationale: The claimant had complaints of left shoulder pain following a work injury on 3/19/14. There is an office note dated 5/28/14 that reveals swelling about the left shoulder girdle with numbness and tingling. There are no red flags evident. There is no documentation of any attempted conservative measures to warrant imaging per ACOEM. The X-ray of left shoulder is premature, as no conservative care has been expended. Therefore, the requested X-ray exam of 5/28/14 is not medically necessary.

Retrospective request for 1 x-ray of the sacrum (DOS 5/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and pelvis (acute and chronic)

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

Decision rationale: The claimant had complaints of left shoulder pain following a work injury on 3/19/14. There is office note dated 5/28/14, but there is no objective documentation of any significant injury to the sacrum. Inappropriate imaging will only add confusing and confounding variables with no clinical correlates. Therefore the radiograph of the sacrum is not medically necessary.

Retrospective request for 1 x-ray of the left ribs (DOS 5/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - lumbar and thoracic (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Lumbar & Thoracic, Radiographs

Decision rationale: The claimant had complaints of left shoulder pain following a work injury on 3/19/14. There is an office note dated 5/28/14 which does not detail any significant trauma to warrant radiographs of the left ribs. This remains not medically necessary.