

Case Number:	CM14-0138395		
Date Assigned:	09/05/2014	Date of Injury:	05/08/2011
Decision Date:	10/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 63-year-old gentleman with a date of injury of 05/08/2011. A chiropractic consultation by [REDACTED] dated 03/13/2014 identified the mechanism of injury as the worker slipped and fell on a wet floor causing lower back pain. This consultation and office visits notes by [REDACTED] dated 03/05/2014, 04/02/2014, 06/11/2014, and 07/16/2014 indicated the worker was experiencing worsening left shoulder pain that went into the neck and arm, left hand tingling or numbness, lower back pain that went into the left leg more than the right leg, and numbness with tingling in the left leg. Documented examinations described tenderness in the lower back muscles and left shoulder, decreased motion in the lower back joints and in the shoulder joint, decreased sensation and a decreased reflex in the left foot, and pain with raising the straightened legs. The submitted documentation concluded the worker was suffering from a structure problem in the left shoulder joint and neuritis involving the lower back nerves. Documented treatment recommendations included chiropractic care and physical therapy, which were both stopped due to worsening symptoms; treatment with oral pain medications; a lower back brace; aqua therapy; and imaging with a MRI of the left shoulder and lower back. A Utilization Review decision by [REDACTED] was rendered on 07/23/2014 recommending non-certification for x-rays of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Shoulder, Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252.

Decision rationale: The MTUS Guidelines recommend imaging of the shoulder to clarify the cause of pain and related symptoms. Imaging is also recommended to assist with reconditioning when a shoulder issue limits activity for longer than four to six weeks and examination shows unexplained findings. The indications detailed by the Guidelines include signs of a "red flag," such as abdominal or heart problems that present as shoulder pain; evidence of an issue with the nerve or blood vessel systems causing shoulder pain, such as joint swelling, bluish discoloration, or signs of a problem with a nerve in the neck; failure to improve despite a strengthening program started with the goal of avoiding a need for surgery; or to clarify the shoulder structure before treatment with an invasive procedure is done. The submitted records indicated the worker was experiencing left shoulder and lower back pain. The duration of the shoulder pain was not reported but was documented as already present approximately three months ago. No "red flag" signs or symptoms were described. Documented examinations did not describe any signs suggesting a nerve or blood vessel issue was causing the shoulder pain. There was no discussion indicating surgery or an invasive procedure was needed or that any of the above issues detailed by the Guidelines were a concern. In the absence of such evidence, the current request for x-rays of the left shoulder is not medically necessary.