

Case Number:	CM14-0160360		
Date Assigned:	10/06/2014	Date of Injury:	09/18/2012
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 Diagnostic Radiology, has a subspecialty in Neuroradiology 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:

This 48-year-old female patient has complained of a work related injury on 7/11/2014. The available medical records reveal other work related injuries on 9/18/2012 and 7/3/2013 for which she has been receiving treatments. There is no note of the latest injury in records written on 7/20/2014 by her orthopedic surgeon. On 8/15/2014, the same orthopedic surgeon records the patient's claim of the 7/11/2014 injury and notes he will request for authorization to treat this incidence. On 8/28/2014, her complaints are of pain and limitation of motion in her neck, upper back and left shoulder as the result of the 7/11/2014 injury. On physical examination she was noted to have pain and tenderness over anterior rotator cuff, positive impingement sign, and mild limitation of motion without neurological abnormalities of sensory or motor functions. Clinical impression was impingement and tendinitis. X-rays of cervical and thoracic spine and left shoulder were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of left shoulder.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 4.

Decision rationale: This patient's available medical records have clinically excluded the red flag signs related to her injury which had occurred on 7/11/2014. On 8/28/2014 physical examination, the clinical diagnosis of her left shoulder signs and symptoms were noted to be related to tendinitis and impingement. The patient has not received any treatment for this injury. According to the guidelines noted above, in the absence of the red flag signs and before a course of conservative treatment, the imaging studies are not indicated.