

<b>Case Number:</b>	CM14-0031176		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine & Rehabilitation 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 46-year-old female who reported a repetitive strain injury on 01/06/2009. Current diagnoses include a right shoulder sprain, left shoulder sprain, lumbar spine disc bulge, cervical spine disc bulge, bilateral wrist sprain, status post bilateral wrist surgery and a bilateral elbow sprain. The most recent Physician's Progress Report submitted for this review is documented on 07/06/2013. The injured worker reported persistent symptoms in bilateral upper extremities, lumbar spine and cervical spine. Physical examination revealed tenderness to palpation of bilateral elbows and wrists with positive Phalen's testing. Treatment recommendations at that time included chiropractic therapy, acupuncture, ESWT, and a neurosurgical evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RADIOGRAPHS FOR THE BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There was no documentation of a comprehensive physical examination of bilateral shoulders provided for review. There was also no evidence of an attempt at 4 to 6 weeks of conservative treatment prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is not medically necessary.