

Case Number:	CM14-0093573		
Date Assigned:	07/25/2014	Date of Injury:	10/14/1998
Decision Date:	09/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 is a 66-year-old female with a 10/14/1998 date of injury. A specific mechanism of injury was not described. A 6/5/14 determination was deemed not medically necessary given no indication of neurovascular compression syndrome, recurrent dislocations, or participation in any recent conservative therapy. 5/23/14 medical report identified neck pain radiating to the head, upper back, bilateral shoulders, left arm, and left finger. There was associated numbness and tingling. There were also complaints of thoracic, lumbar, right shoulder, and left shoulder pain. Specifically regarding the left shoulder, there was 4-5/10 pain radiating proximally to the upper back with tingling in the hand and fingers with limited range of motion. There was popping and sharp pain in the left shoulder and nighttime pain in the left shoulder. Exam revealed left shoulder with exquisite tenderness over the anterior portion of the acromioclavicular joint and subacromial region. There was full range of motion. There was bicipital insertion site insertion site tenderness on the left to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated x-ray of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2013, Shoulder, Radiography.

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

Decision rationale: CA MTUS state that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The patient sustained an injury on 1998. She was seen on May 2014 and the medical report documented complaints in multiple body parts including the left shoulder. There were also findings of tenderness. Updated x-rays were recommended for multiple body parts. However, it is not clear when the patient was seen previously or when the patient had any prior imaging studies. There was also no indication if the patient had any recent conservative treatment performed. While shoulder x-rays has been indicated as an initial diagnostic study, additional documentation was necessary prior to rendering a favorable determination. This request is not medically necessary.