

Case Number:	CM14-0154470		
Date Assigned:	09/24/2014	Date of Injury:	02/22/2012
Decision Date:	01/09/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Practice 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 49 year old female claimant sustained a work injury on 2/16/12 involving the neck, shoulder and knees. She was diagnosed with right shoulder impingement syndrome. An MRI of the cervical spine on 5/14/14 indicated the claimant had degenerative disc disease and bilateral foraminal stenosis from C4-C6. A progress note on 8/29/14 indicated the claimant had pain in the involved area. Exam findings were notable for tenderness in the neck, back, shoulder, hips and knees. There was decreased sensation in the C6-C7 dermatomes on the left side. The physician requested x-rays of the right shoulder, both knees, and cervical spine along with a neurological consultation and extracorporeal shockwave therapy for both hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for x-rays of the cervical spine on 8/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the guidelines, X-rays of the cervical spine are only recommended in cases of acute injury, infection, tumor or acute neurological findings. In this

case, the claimant's symptoms were not acute. She had a cervical spine MRI a few months prior. The request is not medically necessary.

Retrospective request for x-rays of the right shoulder on 8/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the guidelines, x-rays are not recommended before 4-6 weeks of conservative treatment. It is optional for AC joint separation. In this case, the claimant did not have exam findings of AC joint separation. The claimant was already diagnosed with impingement of the shoulder. There were no new events of clinical findings indicating a need for an x-ray. The request is not medically necessary.

Retrospective request for x-rays of the left knee on 8/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the guidelines, x-rays of the knee are not recommended except for acute injury, tumor or infection. In this case, there were nor red flag symptoms. The injury was not acute. The request is not medically necessary.

Retrospective request for x-rays of the right knee on 8/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the guidelines, x-rays of the knee are not recommended except for acute injury, tumor or infection. In this case, there were nor red flag symptoms. The injury was not acute. The request is not medically necessary.

Extracorporeal shockwave therapy directed to bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Shockwave Therapy

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 pain

Decision rationale: According to the guidelines, shock wave therapy is not recommended due to lack of evidence. The shock wave therapy is not medically necessary.

Neurological Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, specialist referral, page 127

Decision rationale: According to the cited guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the physical findings are consistent with the claimant's diagnoses. Indication and expected intervention from a neurologist is not stated. The request is not medically necessary.