

Case Number:	CM14-0180549		
Date Assigned:	11/05/2014	Date of Injury:	08/24/2014
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational Medicine, 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:

The 41 year old female injured worker suffered an industrial accident on 8/24/2014 when while removing packing material from a box, felt a pop in her right hand. The details of the initial injury were not included in the medical record. Upon exam on 9/22/2014, the physician noted pain and tenderness in the right shoulder, elbow and right hand. The physician requested an x-ray to the right shoulder as there were symptoms of impingement syndrome. Diagnostic Impression: right shoulder impingement, right shoulder strain and sprain. Treatment to Date: medication management, physical therapy, and acupuncture. The UR decision dated 10/7/14 denied the request for an x-ray of the right shoulder as the documentation did not include any trauma to the shoulder or evidence of fracture or dislocation.

IMR ISSUES, DECISIONS AND RATIONALES

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

An x-ray of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter

Decision rationale: CA MTUS does not specifically address this issue. ODG guidelines for shoulder x-rays include acute shoulder trauma with suspicion for fracture or dislocation. However, in the documents available for review, there is no mention of direct injury to the shoulder or suspicion for fracture or dislocation. The patient carries a diagnosis of shoulder impingement. Guidelines also state that the treatment of impingement syndrome is the same regardless of whether there is any calcification noted on plain radiographs. Therefore, the request for x-ray of the right shoulder was not medically necessary.