

Case Number:	CM14-0195688		
Date Assigned:	12/03/2014	Date of Injury:	05/14/2009
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 52 year old female sustained a work related injury on 05/14/2014. The mechanism of injury was not made known. One progress report was submitted for review and included an office visit dated 09/29/2014. The injured worker complained of constant neck pain. Pain was described as aching, intermittent and sharp. She also complained of stiffness and swelling to the neck, decreased range of motion and radiating pain to the bilateral shoulders. Pain in the neck was worse with movements. Pain was relieved with Tramadol. There was also numbness or tingling of the right side of the neck to the right shoulder and left shoulder pain described as intermittent aching. Symptoms included pain, stiffness, swelling, decreased range of motion and a clicking/popping sensation. Pain was worse with shoulder movement. There was occasional numbness or tingling that radiated to the left hand. Pain was described as a constant aching. Symptoms included pain, stiffness, and swelling and decreased range of motion. Pain was worse with trunk rotation. There was numbness or tingling which radiated posteriorly to the bilateral feet, left worse than right. Diagnoses included tendinosis of the right shoulder, tendonitis of the left shoulder, tendonitis of bilateral hands, cervical spine myofascitis and 1 cyst removed from the right shoulder. The treatment plan included a request for physical therapy on the left elbow and right shoulder for acute flare up, to increase flexibility, range of motion and strength and to include modalities, therapeutic exercises and work hardening/conditioning three times a week for four weeks as soon as possible. Medication included Tylenol #4 quantity 45 and Flexeril 10mg quantity 45. Work status included light duty. Restrictions included avoid pushing, pulling and prolonged sitting. According to the provider the injured worker is able to take 5-10 minutes per hour break from keyboarding. Bathroom breaks were to be taken as needed. Other instructions included allow time off for pain management, no limit on handling time on phone, work no more than 40 hours a week and use ergonomic keyboard, standing work station if available. An x-ray

of the left shoulder dated 09/29/2014 revealed acromioclavicular joint arthritis; consider rotator cuff impingement and possible tear. X-ray of the cervical spine on 09/29/2014 revealed spondylitis changes with muscle spasm of the cervical spine. The clinical history was noted as pain. On 10/27/2014 Utilization Review non-certified the request for x-rays of cervical spine, x-rays of lumbar spine, x-rays of coccyx and x-rays of left shoulder. The request was received on 10/20/2014. According to the Utilization Review physician the injured worker had an injury of 5+ years. The documentation did not contain information regarding findings to be new acute red flag findings/progression of her injury. There was no documentation of recent conservative treatment prior to consideration for imaging and the injured worker was recommended for physical therapy at the most recent visit. Without additional information regarding new red flag findings versus chronic findings the requested x-rays is not medically necessary. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: This patient does not meet established criteria for neck x-rays. Specifically there is no documentation of her recent trial and failure of conservative measures to include physical therapy. There is no documentation of her I flag indicators for x-rays such as neurologic deficit or concern for fracture or tumor. More conservative measures are needed. Cervical spine x-rays are not medically necessary at this time.

X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient does not meet criteria for lumbar spine x-rays. More conservative measures are needed for the treatment of back pain. There are no red flag indicators for back brace such as concern for fracture or tumor. There is no documentation a recent trial and failure of conservative measures to include physical therapy for back pain. Lumbar spine x-rays are not medically necessary at this time.

X-rays of the coccyx: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back chapter

Decision rationale: The medical records do not document any concern for fracture of the coccyx. There is no documentation of concern for tumor of the coccyx. There is also no documentation of conservative measures for low back pain. More conservative measures are medically necessary. X-ray the coccyx is not medically necessary.

X-rays of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: There is no documentation a recent trial and failure of conservative measures for shoulder pain to include physical therapy. There is no documentation of any red flag indicators for shoulder x-rays such as concern for fracture or tumor. There is no documentation of severe loss of shoulder motion or any other sign on physical examination that would warrant x-ray at this time. More conservative measures are needed. X-rays of the left shoulder are not medically necessary at this time.