

Case Number:	CM15-0017550		
Date Assigned:	02/11/2015	Date of Injury:	03/11/2014
Decision Date:	05/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 24 year old male, who sustained an industrial injury on March 11, 2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cellulitis of hand expect fingers and thumb, cellulitis/abcess arm, compartment syndrome hands and median nerve neuritis. The treatment to date was not included in the medical record. On January 8, 2015, the injured worker complained of pain in the left anterior shoulder which he attributed to overuse of his left arm in order to protect his right hand. He reported persistent loss of sensation in the fingertips of his right hand and persistent pain in the tips of his right fingertips whenever tapping his fingers on a hard surface. He also reported some persistent weakness in his right hand versus left. The treatment plan included diagnostic studies, physical therapy, home exercise program and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, shoulder x-rays are not recommended for shoulder complaints before 4-6 weeks of conservative treatment. They are optional for acute AC joint separations. In this case, there is no indication of recent trauma. The claimant was found to have tendonitis for 1 month due to over compensation. The claimant has not undergone therapy at the time of x-ray request. The shoulder x-ray is not medically necessary.