

Case Number:	CM15-0131605		
Date Assigned:	07/17/2015	Date of Injury:	02/13/2013
Decision Date:	09/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 33 year old female, who sustained an industrial injury on February 13, 2013, incurring neck and shoulder injuries. She was diagnosed with cervical spondylosis with disc protrusions with left foraminal stenosis and radiculopathy. Treatment included cervical traction, physical therapy and home exercise program, cervical epidural steroid injection, aquatic therapy, acupuncture, anti-inflammatory drugs, muscle relaxants, topical analgesic cream and patches. Currently, the injured worker complained of persistent, severe neck pain radiating into her left trapezius and shoulder and down her left arm to her elbow. She complained of pain radiating in her arms with numbness and compromising her positions of bending, lifting and sleeping. The treatment plan that was requested for authorization included x-rays of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the right shoulder are not medically necessary. Indications for plain radiographs include acute shoulder trauma, rule out fracture or dislocation; and acute shoulder trauma, questionable bursitis, blood calcium/ approximately 3 months duration, first study. In this case, the injured worker's working diagnoses are right shoulder sprain and strain. The date of injury is February 13, 2013. Request for authorization is June 17, 2015. The UR provider review a progress note by [REDACTED] (the requesting provider) dated June 11, 2015. There is no progress note in the medical record dated June 11, 2015. According to the utilization review report, the June 11, 2015 progress note show the patient had aching pain in the right shoulder that radiated to the neck. The injured worker complained of right shoulder pain with constant overhead use 8/10. Objectively there was muscle guarding, spasm and tenderness with trigger points along the upper trapezius. There was tenderness over the acromioclavicular joint. There is no documentation of acute shoulder trauma, dislocation or osteomyelitis. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and absent documentation from the treating provider (missing June 11, 2015 progress note), x-rays of the right shoulder are not medically necessary.