

Case Number:	CM15-0135347		
Date Assigned:	07/23/2015	Date of Injury:	02/03/2010
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina

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 49-year-old male who sustained an industrial injury on 02/03/2010 when he twisted his wrist and hand trying to prevent a tray of dough from falling. The injured worker was diagnosed with right shoulder partial rotator cuff tear and bilateral carpal tunnel syndrome. The injured worker is status post decompression of the posterior interosseous nerve right forearm, release of the common extensor origin lateral epicondyle right elbow, decompression of the 1st dorsal compartment tendon sheath right wrist in May 2011 and right carpal tunnel release and ulnar nerve decompression at the wrist in February 2013. Treatment to date has included diagnostic testing, surgery, chiropractic therapy (4 sessions), acupuncture therapy (8 sessions), physical therapy (over 20 sessions), conservative measures, modified activities and medications. According to the primary treating physician's progress report on May 29, 2014, the injured worker continues to experience right shoulder pain with pins and needle sensation rated at 7-8/10 on the pain scale, bilateral elbow pain, worse on the right elbow rated at 7-8/10 and right wrist pain with radiating tingling sensation into his hand with numbness into the last two digits, dropping objects and rated at 7-8/10 on the pain scale. Examination of the right shoulder demonstrated tenderness to palpation anteriorly along the bicep tendon with full range of motion. Motor strength was 5/5 except for internal rotation noted at 4/5. Positive arm drop, supraspinatus and Neer's impingement were positive. Apprehension, Speeds, Yergason's and Hawkins were negative. Current medications are listed as Ultracet 37.5/325mg, Flexeril, LidoPro cream, Aspirin and Prilosec. Treatment plan consists of magnetic resonance imaging (MRI) of the right shoulder, medications and the current retrospective request for X-rays of the right shoulder (DOS: 05/29/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective X-ray of the right shoulder DOS 05/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition, 2015 Chapter: Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: For most patients with shoulder problems, special studies are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. This request is currently not medically necessary.