

Case Number:	CM15-0145947		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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
 Certification(s)/Specialty: Emergency 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 53 year old male who sustained a work related injury July 9, 2014. While working on a disabled truck on the road, another truck hit them causing the transmission to fall on him, trapping him under the truck. He was admitted to the hospital with injuries to his neck, mid and low back, left hip, left hand-wrist, both hips both shoulders, right foot and forehead. Past history included status post surgery left forearm, fracture July 2014. According to a primary treating physician's progress report, dated May 27, 2015, the injured worker presented with complaints of; throbbing headaches radiating to the back of the neck and the back of both shoulders; moderate stabbing neck pain radiating to the left and with tingling and weakness; moderate upper back pain; stabbing throbbing lower back pain with weakness; intermittent sharp right shoulder pain radiating to the hand with tingling and weakness; intermittent left shoulder pain; moderated left elbow pain radiating to the left hand with tingling and weakness; left forearm and wrist pain radiating up to the elbow and to the arm with numbness and tingling; moderate left hand pain; moderate right and left hip pain and intermittent pain to both sides of the ribs. Examination revealed; cervical compression causes pain; straight leg raise causes pain left and right; right shoulder, impingement test is positive on the right; left shoulder, impingement test is positive on the left; left elbow, Tinel's is positive; left forearm, well healed surgical Z shaped scar to the volar forearm, Tinel's is positive on the left; left wrist, Tinel's Phalen's and Finkelstein's are positive; tenderness to the right MCL (medial collateral ligament) of ribs # 6-8 and left MCL of ribs #4-6. Diagnoses included headache, chronic post-traumatic; rule out cervical, lumbar disc protrusion; rule out left and right shoulder and left elbow internal

derangement; left medial epicondylitis; bilateral rib fracture. At issue, is the request for authorization for an x-ray of the bilateral ribs.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of bilateral ribs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested X-ray of bilateral ribs, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 177-179 recommend x-rays with documented red flag conditions. The injured worker has throbbing headaches radiating to the back of the neck and the back of both shoulders; moderate stabbing neck pain radiating to the left and with tingling and weakness; moderate upper back pain; stabbing throbbing lower back pain with weakness; intermittent sharp right shoulder pain radiating to the hand with tingling and weakness; intermittent left shoulder pain; moderated left elbow pain radiating to the left hand with tingling and weakness; left forearm and wrist pain radiating up to the elbow and to the arm with numbness and tingling; moderate left hand pain; moderate right and left hip pain and intermittent pain to both sides of the ribs. Examination revealed; cervical compression causes pain; straight leg raise causes pain left and right; right shoulder, impingement test is positive on the right; left shoulder, impingement test is positive on the left; left elbow, Tinel's is positive; left forearm, well healed surgical Z shaped scar to the volar forearm, Tinel's is positive on the left; left wrist, Tinel's Phalen's and Finkelstein's are positive; tenderness to the right MCL (medial collateral ligament) of ribs # 6-8 and left MCL of ribs #4-6. The treating physician has not documented red flag conditions or how these x-rays will change the clinical course of treatment. The criteria noted above not having been met, X-ray of bilateral ribs is not medically necessary.