

Case Number:	CM15-0029452		
Date Assigned:	02/23/2015	Date of Injury:	11/27/2013
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, 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 62 year old female, who sustained an industrial injury reported on 11/27/2013. She has reported persistent and severe pain in the left shoulder, left wrist, and right knee, and radiating low back pain with numbness and tingling and radiation of pain on 1/19/15. Physical examination revealed left arm was in sling. Physical examination of the left shoulder on 11/24/14 revealed limited range of motion and sever tenderness on palpation. Diagnoses have included crush injury with left hand deep lacerations of the 3rd and 4th fingers with subsequent development of contractures; left wrist sprain/strain; lumbar spine strain with multi-level disc bulges and desiccation and bilateral facet hypertrophy; as well as hand/shoulder problem, with adhesive capsulitis. Treatments to date have included consultations; diagnostic imaging studies; left arm sling; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary with work restrictions. The patient has had X-ray of the right and left wrist and X-ray of the cervical spine and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One X-Ray of left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

<http://www.acoempracguides.org/shoulder;Tab 2, summary of recommendations, shoulder disorders>.

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

Decision rationale: Request: One X-Ray of left shoulder. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." She has reported persistent and severe pain in the left shoulder, left wrist, and right knee, and radiating low back pain with numbness and tingling and radiation of pain on 1/19/15. Physical examination revealed left arm was in sling. Physical examination of the left shoulder on 11/24/14 revealed limited range of motion and sever tenderness on palpation. Therefore the request for One X-Ray of left shoulder is medically appropriate and necessary at this juncture.