

Case Number:	CM15-0032794		
Date Assigned:	02/26/2015	Date of Injury:	02/04/2014
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported injury on 02/04/2014. The mechanism of injury was the injured worker fell from a trailer about 3 feet to the ground and landed on his right shoulder and head. The surgical history was a left shoulder surgery on 09/19/2014. His prior therapies included physical therapy for the shoulder. The injured worker underwent x-rays of the shoulder and lumbar spine. The documentation of 01/22/2015 revealed the injured worker had complaints of right shoulder pain and low back pain. The injured worker was diagnosed with lumbar strain. The diagnoses included lumbar sprain and strain, and prior surgery of the left shoulder on 09/19/2014. There was no rationale or Request for Authorization submitted for review for the requested x-ray of the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) X-Ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-ray.

Decision rationale: The Official Disability Guidelines indicate that an x-ray of the pelvis is recommended for injured workers sustaining a severe injury, and for identifying injured workers with a high risk of development of hip osteoarthritis. There were no objective findings or subjective complaints related to the hip. The rationale for the requested service was not provided. Given the above, the request for x-ray of the pelvis is not medically necessary.