

Case Number:	CM15-0034087		
Date Assigned:	03/02/2015	Date of Injury:	03/27/2013
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female who sustained a work related injury March 27, 2013. According to an orthopedic evaluation dated January 21, 2015, the injured worker presented with ongoing cervical pain and radiculopathy and ongoing right shoulder and neck pain. Also noted; right upper extremity tendinitis including the shoulder, thumb and wrist, DeQuervain's tendinitis. Past history included s/p right wrist first dorsal compartment operative release April 25, 2014. Physical examination revealed the right hand grip is full and tenderness on palpation of the right trapezius muscle. Active assisted range of motion of the right shoulder showed flexion and abduction 170 degrees each with complaints of tightness and pain, drop arm test and impingement sign negative. Active motion cervical spine showed forward flexion 30 degrees, extension 35 degrees, right lateral rotation 45 degrees and left lateral rotation 60 degrees. There is tenderness present at the right paraspinal muscles. Diagnoses documented as brachial neuritis or radiculitis; radial styloid tenosynovitis; other specified disorders of bursae and tendons in shoulder region and sprain of neck. Treatment plan included continuing home exercise program, MRI's and x-rays of the right shoulder performed in office 1/21/2015. According to utilization review dated February 2, 2015, the request for retrospective review x-rays right shoulder (DOS 1/21/2015) is non-certified, citing MTUS and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays: right shoulder date of service 1/21/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Radiography.

Decision rationale: Regarding the request for shoulder x-ray, Occupational Medicine Practice Guidelines state that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. ODG states that plane radiographs should be routinely ordered for patients with chronic shoulder pain. Within the documentation available for review, this patient has had shoulder pain for over one year. There is documentation of failed conservative treatment in the form of chiropractic care. Therefore, imaging the shoulder seems to be a reasonable next treatment option. As such, the currently requested shoulder x-ray is medically necessary.