MAXIMUS Federal Services

Case Number:	CM15-0038005		
Date Assigned:	03/06/2015	Date of Injury:	09/24/2012
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 48-year-old male, who sustained an industrial injury on 09/24/2012. The diagnoses have included post-concussion syndrome, cervical sprain/strain, cervical degenerative disc disease, clinically consistent cervical radiculopathy, and headache-post concussion. Noted treatments to date have included medications. Diagnostics to date have included normal electromyography/nerve conduction studies of bilateral upper extremities on 04/18/2013 per progress note. In the same progress note dated 01/06/2015, the injured worker presented with complaints of persistent neck pain radiating to right upper extremity and right shoulder pain, which is worse with the movements. The treating physician reported requesting authorization for x-ray of the right shoulder in view of shoulder pain, which is worse with movements. Utilization Review determination on 01/30/2015 non-certified the request for X-ray of the Right Shoulder citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, Radiography.

Decision rationale: According to the 01/06/2015 report, this patient presents with "right shoulder pain which is worse with the movements." The current request is for X-ray Right Shoulder "in view of shoulder pain which is worse with the movements." The request for authorization is on 01/23/2015 and the patient's work status was not mentioned in this report. Regarding radiography of the shoulder, ODG states "Recommended" when there an indication of acute shoulder trauma to rule out fracture or dislocation and questionable bursitis, blood calcium (Ca+)/ approximately 3 months duration. Review of the provided reports show no evidence of prior X-ray of the shoulder. There is no indication that the patient has an acute shoulder trauma to rule out fracture, dislocation or questionable bursitis. Exam of the shoulders were not included in the review. In this case, the treating physician provided no documentation to indicate that the patient has an acute shoulder trauma to warrant an imaging study of the right shoulder. The request IS NOT medically necessary.