

Case Number:	CM15-0080237		
Date Assigned:	05/01/2015	Date of Injury:	01/30/2014
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 25-year-old male who sustained an industrial injury on January 30, 2014. Previous treatment includes physical therapy, cortisone injection, surgical intervention and medications. Currently the injured worker complains of pain in the right shoulder, the right side of the chest, the right index finger and the right wrist. Diagnoses associated with the request include thoracic sprain/strain, right and left wrist sprain/strain, thoracic musculoligamentous injury, right AC joint sprain/strain and right triangular fibro cartilage tear. The treatment plan includes compound topical medications, TENS/EMG unit, acupuncture, and wrist brace, MRI of the left and right wrist, and X-ray for the thoracic spine, right shoulder, bilateral wrist, and right hand and right ribs.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-215. Decision based on Non-MTUS Citation ODG Shoulder, Radiography.

Decision rationale: ACOEM states "for acute AC joint separations, stress films (views of both shoulders, with and without patient holding weights) (D). D =Panel interpretation of information not meeting inclusion criteria for research-based evidence." ODG States "Indications for imaging-- Plain radiographs: Acute shoulder trauma, rule out fracture or dislocation; Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study." The treating physician has not documented a history of acute shoulder trauma, questionable bursitis, or blood calcium level concerns. The shoulder exam does not document any of the above pathologies. In addition, the patient had a negative shoulder x-ray in March of 2014 and the treating physician has not documented a new injury or re-injury. As such, the request for X-ray for right shoulder is not medically necessary.