MAXIMUS Federal Services

Case Number:	CM14-0118022		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2013
Decision Date:	10/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who sustained an injury on 01/15/13. An evaluation dated 07/03/14 indicated that she had left arm, right thumb, left thumb, and neck pain. She completed 18 physical therapy sessions. Cervical spine exam revealed spasm and guarding of the trapezius musculature. She complained of increasing pain towards terminal range of motion. There was tenderness to palpation of the cervical paraspinal musculature. Bilateral shoulder exam revealed positive impingement signs, Neer's, and Hawkin's tests. Bilateral hand exam revealed tenderness along the A1 pulleys of both thumbs with triggering, locking and tenderness over the basal joints of both thumbs. Positive Phalen's and Durkan's median compression tests bilaterally. Grip strength revealed on right 2, 2, and 2 kgs and on left 2, 2, and 0 kg. Lumbar spine exam revealed pain throughout the range of motion testing bilaterally. Her current medications includes Naproxen and Prilosec. She declined trigger thumb injections due to diabetes as she had increase in her blood sugar from prior cortisone injections. Diagnoses as per note dated 02/17/14 include cervicothoracic spine strain rule out cervical radiculopathy, rule out bilateral carpal tunnel syndrome, bilateral trigger thumbs, bilateral basal joint arthralgia and arthritis, bilateral lateral elbow epicondylitis, lumbar spine strain with degenerative disc disease, and left shoulder impingement. The request for x-ray 3 views of left shoulder was denied on 07/15/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray 3V left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Radiography

Decision rationale: Per Official Disability Guidelines, plain radiographs of the shoulder is indicated in acute trauma to rule out fracture or dislocation, questionable bursitis, blood calcium approximately 3 months duration. In this case, there is no evidence of trauma to the shoulder. Furthermore, the clinical findings are consistent with impingement syndrome; plain radiographs do not generally change the standard treatment for this condition. Therefore, the request is not medically necessary.