

Case Number:	CM14-0148240		
Date Assigned:	09/18/2014	Date of Injury:	09/10/1996
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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:

There were 58 pages provided for this review. There was an application for independent medical review for bilateral shoulder x-rays dated September 2, 2014. Per the records provided, this is a 67-year-old woman injured back in 1996 after pulling laundry containers into a hall. Her last physical therapy was in 2012 in there have been no diagnostics in the last three years. She saw the doctor then this past July for complaints of pain in the neck, upper back, lower back, bilateral shoulders, bilateral wrist, left knee and left ankle. The neck pain radiated to both shoulders and down the left arm and was associated with numbness and tingling. The upper back pain radiated to both shoulders in the lower back with numbness and tingling. The back pain also radiated to both feet with numbness and tingling in weakness. She also reported weakness to the upper extremities. It is not clear what prompted her to seek care now three years post the last care received. A note says she sees the doctor every 6 to 8 weeks over the years for worsening of her condition. She uses a walker, a back and an ankle brace. She has activity of daily living limitations. The diagnoses were adjustment reaction, dysthymia, cervical and lumbar sprain strain, cervical radiculopathy, thoracic sprain-strain, bilateral shoulder sprain-strain, bilateral wrist strain-sprain, and bilateral wrist carpal tunnel syndrome per the patient. The plan was for x-rays of both wrists, elbows, shoulders, cervical thoracic lumbar and sacroiliac joints and labs due to long-term nonsteroidal medicines, Soma and Tramadol. She has undergone MRIs, bone scans and electromyography studies previously. It is not clear there is been any significant change in her clinical status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Bilateral Shoulder X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The California-MTUS-ACOEM guides, Chapter 9 for the shoulder note:For most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Also, they cite:...For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings.The area has been exhaustively studied radiographically in the past, without clear progression of signs that would warrant restarting the diagnostics for the patient. The request was appropriately non-certified.

Right Bilateral Shoulder X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The California-MTUS-ACOEM guides, Chapter 9 for the shoulder note:For most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Also, they cite:...For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings.As shared previously, the area has been exhaustively studied radiographically in the past, without clear progression of signs that would warrant restarting the diagnostics for the patient. The request was appropriately non-certified.