MAXIMUS Federal Services

Case Number:	CM14-0180462		
Date Assigned:	11/05/2014	Date of Injury:	11/29/2013
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of October 29, 2013. A utilization review determination dated October 6, 2014 was deemed not medically necessary of an x-ray of the right shoulder. A progress report dated September 9, 2014 identifies subjective complaints of right neck pain all the time as well as right shoulder pain. There is also some pain in the right arm down to the hand. The note indicates that the patient has not had an x-ray or MRI of his shoulder and has been treating with a chiropractor which helps for a short time. Physical examination revealed painful range of motion in the shoulder, normal range of motion, and normal strength. The diagnoses include closed head trauma, cervical sprain/strain, right shoulder sprain/strain, and increased alcohol use. The treatment plan recommends an EMG/nerve conduction study to assess right cervical radiculopathy, x-ray of the right shoulder with possible consideration for an MRI of the shoulder, referral to a psychologist, lab work, and consideration for injections in the right shoulder, epidural space, or trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Right Shoulder: Overturned

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): 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. The 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 right shoulder x-ray is medically necessary.