

<b>Case Number:</b>	CM15-0106078		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Emergency 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 40 year old male, who sustained an industrial injury on December 1, 2012. He reported neck pain radiating to bilateral hands with associated numbness in the fingers and headaches. The injured worker was diagnosed as having shoulder sprain and bilateral carpal tunnel syndrome supported by electrodiagnostic studies in December of 2014. Treatment to date has included electrodiagnostic studies, injection therapy, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain radiating to bilateral hands with associated numbness in the fingers and headaches. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 2, 2104, revealed continued pain as noted. He reported the pain during the evaluation was so severe that he needed a pain shot. He reported gaining thirty pounds. He also noted the headaches were severe and resulted in double vision. Evaluation on May 12, 2015, revealed continued pain as noted. X-rays of the bilateral shoulders were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray bilateral shoulders:** 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): 208.

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no change in basic neurological or functional exam. Exam is the same as from multiple progress notes for months. There is no plan for surgery. Provider has provided no justification for imaging or how it will change management. No prior imaging reports were provided. X-ray of bilateral shoulder are not medically necessary.