

Case Number:	CM15-0115498		
Date Assigned:	06/23/2015	Date of Injury:	02/01/2013
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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 46-year-old female who sustained an industrial injury on 02/01/13. Initial complaints and diagnoses are not addressed. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain and numbness in the left hand that radiates into her shoulders and neck. Current diagnoses include left wrist sprain/contusion, and radicular pain. In a progress note dated 05/28/18 the treating provider reports the plan of care as medications including lidocaine patch, physical therapy, laboratory studies and preoperative medical clearance for left carpal tunnel release, and x-rays of the right shoulder, humerus and elbow on the date of service. The requested treatments include x-rays of the right shoulder, humerus and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro xray right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The requested Retro x-ray right shoulder is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 208-209, recommend radiographs of the elbow "to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis." The injured worker has pain and numbness in the left hand that radiates into her shoulders and neck. The treating physician has not documented sufficient exam evidence of red flag conditions. The criteria noted above not having been met, Retro x-ray right shoulder is not medically necessary.

Retro xray humerus & elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: The requested Retro x-ray humerus & elbow is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, recommend radiographs of the elbow "to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis." The injured worker has pain and numbness in the left hand that radiates into her shoulders and neck. The treating physician has not documented physical exam evidence indicative of joint effusion, osteomyelitis or septic olecranon bursitis. The criteria noted above not having been met, Retro xray humerus & elbow is not medically necessary.