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| Case Number: | CM15-0116870 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 02/01/2013 |
| Decision Date: | 09/16/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 46-year-old female sustained an industrial injury to the neck and left scapular region when a box fell on her on 2/1/13. Magnetic resonance imaging left shoulder showed a slight amount of fluid in the subacromial space. Previous treatment included physical therapy, injections, home exercise and medications. Magnetic resonance imaging left shoulder (4/22/15) showed mild subdeltoid and subacromial bursitis with mild tendinopathy without definite focal abnormality, internal derangement or rotator cuff tear. In an orthopedic visit note dated 5/27/15, the injured worker complained of ongoing pain in the scapular region with radiation down the arm. Physical exam was remarkable for tenderness to palpation over the posterior aspect of the scapula and the scapulothoracic region with decreased range of motion, slight impingement and good rotator cuff strength. The physician noted that surgical intervention was not necessary and recommended anti-inflammatory medications and physical therapy. In a PR-2 dated 5/28/15, the injured worker complained of pain and numbness in the left hand that radiated into her shoulders and neck. Physical exam was remarkable for cervical spine paraspinal muscle spasms with no acute neurologic changes. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, left wrist sprain/strain and left wrist contusion. The treatment plan included x-rays of the right shoulder, right humerus and right elbow as well as physical therapy three times a week for six weeks and left carpal tunnel syndrome release surgery. The physician also requested x-rays of the cervical spine lumbar spine, pelvis and bilateral hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical x-ray, five views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: The patient is a 46-year-old female who had an injury on 02/01/2013. A box fell on her and she injured her neck and left scapula region. A MRI revealed slight amount of fluid in the subacromial space. On 04/22/2015, she had a MRI that revealed bursitis and mild tendinopathy. On 05/27/2015, she had an office visit with an orthopedist and she had good rotator cuff strength. She had slight impingement. Surgical intervention was not necessary. The next day in another office visit, she had left hand numbness. Left carpal release surgery to requested. There is no documentation of a recent neck injury. There is no documentation of new red flag signs. The requested x-ray is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

Lumbar x-rays, five views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 46-year-old female who had an injury on 02/01/2013. A box fell on her and she injured her neck and left scapula region. A MRI revealed slight amount of fluid in the subacromial space. On 04/22/2015, she had a MRI that revealed bursitis and mild tendinopathy. On 05/27/2015, she had an office visit with an orthopedist and she had good rotator cuff strength. She had slight impingement. Surgical intervention was not necessary. The next day in another office visit, she had left hand numbness. Left carpal release surgery to requested. There is no documentation of a recent lumbar injury. There is no documentation of new red flag signs. The requested x-ray is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

Pelvis x-ray, one view: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition. 2012.

Decision rationale: The patient is a 46-year-old female who had an injury on 02/01/2013. A box fell on her and she injured her neck and left scapula region. A MRI revealed slight amount of fluid in the subacromial space. On 04/22/2015, she had a MRI that revealed bursitis and mild tendinopathy. On 05/27/2015, she had an office visit with an orthopedist and she had good rotator cuff strength. She had slight impingement. Surgical intervention was not necessary. The next day in another office visit, she had left hand numbness. Left carpal release surgery to requested. There is no documentation of a recent pelvic injury. There is no documentation of new red flag signs. The requested x-ray is not medically necessary.

Right/left hip x-ray, one view of each: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition. 2012.

Decision rationale: The patient is a 46-year-old female who had an injury on 02/01/2013. A box fell on her and she injured her neck and left scapula region. A MRI revealed slight amount of fluid in the subacromial space. On 04/22/2015, she had a MRI that revealed bursitis and mild tendinopathy. On 05/27/2015, she had an office visit with an orthopedist and she had good rotator cuff strength. She had slight impingement. Surgical intervention was not necessary. The next day in another office visit, she had left hand numbness. Left carpal release surgery to requested. There is no documentation of a recent neck injury. There is no documentation of new red flag signs. The requested x-ray is not medically necessary.

Continued orthopedic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 IME and Consultations, page 127.

Decision rationale: The patient is a 46-year-old female who had an injury on 02/01/2013. A box fell on her and she injured her neck and left scapula region. A MRI revealed slight amount of fluid in the subacromial space. On 04/22/2015, she had a MRI that revealed bursitis and mild tendinopathy. On 05/27/2015, she had an office visit with an orthopedist and she had good rotator cuff strength. She had slight impingement. Surgical intervention was not necessary. The next day in another office visit, she had left hand numbness. Left carpal release surgery to requested. The patient has had MRI evaluations of her shoulder and orthopedic evaluation noting that she is not a surgical candidate. The requested continued orthopedic follow up is not consistent with MTUS, ACOEM guidelines. Therefore, the request is not medically necessary.