

Case Number:	CM15-0065048		
Date Assigned:	04/13/2015	Date of Injury:	07/16/2014
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 64 year old female patient who sustained an industrial injury on July 16, 2014. She sustained the injury due to slip and fall. The diagnoses include right wrist fracture, cervical sprain/strain, and right shoulder tendinitis. According to the primary treating physician's progress report on February 13, 2015, she had pain and stiffness in her right wrist with numbness and tingling of the right index finger and thumb and neck stiffness which radiates to her right shoulder. Examination of cervical spine and right shoulder noted tenderness to palpation on the right side of the neck and the right trapezius. The right shoulder had diffuse tenderness to palpation with restricted range of motion of the shoulder, right arm and wrist. Sensation and motor of the right upper extremity was intact with negative cervical compression tests. Current medications are listed as Neurontin, Tramadol, Voltaren gel and Lidocaine patches. She has had right wrist X-rays on 7/16/2014, which revealed acute impacted fracture of the right distal radius; EMG/NCS dated 11/10/2014 which revealed right carpal tunnel syndrome. She has undergone an open reduction internal fixation of the distal radius for an acute impacted fracture on August 6, 2014. She has had physical therapy (24 sessions) for this injury. Treatment plan consists of additional physical therapy and the current request for X-rays of the right shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 207.

Decision rationale: Request: X-ray of the right shoulder. Per the ACOEM guidelines cited above, 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. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. Per the records provided the patient had sustained the injury on 7/16/14 due to fall. Patient had complaints of cervical and shoulder pain with radiation to the upper extremity with tingling and numbness and physical examination revealed tenderness and limited range of motion of the right shoulder. Patient has no prior X-rays for the right shoulder. It is medically necessary and appropriate to perform X-ray of the right shoulder to rule out any internal injury.

X-ray of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: X-ray of the cervical spine. MTUS guidelines; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8 Neck and Upper Back Complaints Page 177-178, Special studies and diagnostic and treatment consideration Page 179, Table 8-7, Ability of Various Techniques to Identify and Define Neck and Upper Back Pathology Technique Identify Physiologic Insult Identify Anatomic Defect Per the ACOEM chapter 8 guidelines. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. Per the records provided patient had sustained the injury on 7/16/14 due to a fall. Patient had complaints of cervical and shoulder pain with radiation to the upper extremity with tingling and numbness and physical examination revealed tenderness over the cervical spine. The patient has had no prior X-rays for the cervical spine. It is medically necessary and appropriate to perform X-ray of the cervical spine to rule out any internal injury.