

<b>Case Number:</b>	CM15-0066421		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 21-year-old female, who sustained an industrial injury on 4/7/15. The injured worker was diagnosed as having cervical sprain/strain, cervical myofascitis, rule out cervical disc protrusion, left shoulder sprain/strain, left elbow sprain/strain, left wrist sprain/strain and psych component. Treatment to date is not documented. Currently, the injured worker complains of psychological problems. Physical exam noted decreased range of motion of cervical spine, left shoulder, left elbow and left wrist without tenderness. A request for authorization was submitted for home exercises, x-rays of cervical spine, left shoulder, left elbow and left wrist and return visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of left shoulder:** 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): 195-215. Decision based on Non-MTUS Citation ODG Shoulder, Radiography.

**Decision rationale:** ACOEM states "For acute AC joint separations, stress films (views of both shoulders, with and without patient holding weights) (D). Panel interpretation of information not meeting inclusion criteria for research-based evidence." ODG States "Indications for imaging Plain radiographs: Acute shoulder trauma, rule out fracture or dislocation. Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study."The treating physician has not documented a history of acute shoulder trauma, questionable bursitis, or blood calcium level concerns. The shoulder exam is unremarkable except for a decrease in range of motion that is noted but not quantified in degrees. As such, the request for a x-ray left shoulder is not medically necessary at this time.