

Case Number:	CM15-0074661		
Date Assigned:	04/24/2015	Date of Injury:	08/09/2012
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on August 9, 2012. She reported neck pain, bilateral shoulder pain and back pain. The injured worker was diagnosed as having shoulder arthralgia, calcifying tendinitis, shoulder acromioclavicular joint arthritis, rule out herniated nucleus pulposus of the cervical spine, left shoulder impingement and low back pain and loss of range of motion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, physical therapy, heat and ice to the shoulder, medications and work restrictions. Currently, the injured worker complains of continued neck, bilateral shoulder and back pain.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Radiography.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic neck, back, and bilateral shoulder pain. When seen, she was having bilateral shoulder pain, worse on the left side. There was decreased range of motion. Prior testing has included an MRI of the left shoulder in February 2013 had shown findings of rotator cuff tendinitis and probable impingement. In terms of the shoulder, guidelines recommend ordering plain film radiographs for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. In this case, the claimant had not had recent imaging and had worsening chronic shoulder pain. Therefore, the request was medically necessary.