

Case Number:	CM15-0094229		
Date Assigned:	05/20/2015	Date of Injury:	03/12/2014
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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:

This is a 44 year old female with a March 12, 2014 date of injury. A progress note dated April 1, 2015 documents subjective findings (right shoulder pain and stiffness; bilateral wrists with tingling, numbness and pain in both hands, right worse than left), objective findings (mild tenderness noted over the right paraspinal cervicodorsal area; diffuse tenderness noted over the right shoulder; mild tenderness over the acromioclavicular joint area of the left shoulder; painful range of motion right more than left; decreased range of motion; tenderness over the volar surface of both wrists; pain over wrist area with range of motion; positive Tinel's sign and Phalen's test bilaterally, more on right; decreased sensation to pinprick over thumb and index and middle finger bilaterally; weakness of grip strength), and current diagnoses (bilateral impingement syndrome, right worse than left; rotator cuff syndrome, right shoulder; bilateral carpal tunnel syndrome, right worse than left). Treatments to date have included physical therapy, medications, wrist injection, chiropractic treatments, electromyogram of the upper extremity (showed mild right carpal tunnel syndrome), and imaging studies. The treating physician documented a plan of care that included x-rays of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the 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): 197-214.

Decision rationale: Regarding the request for shoulder x-ray, CA MTUS and ACOEM note that Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Red flags include evidence of fractures, dislocation, infection, tumor, progressive neurologic and/or vascular compromise, cardiac condition, subdiaphragmatic conditions, and acute rotator cuff tear in a young worker. Within the documentation available for review, this patient has a longstanding injury with an established diagnosis of rotator cuff syndrome and imaging has apparently been performed in the past. There is no current evidence of any red flags, significant change in symptoms/findings, or another clear rationale for repeating radiographs at this time. As such, the currently requested shoulder x-ray is not medically necessary.

X-ray of the right 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): 197-214.

Decision rationale: Regarding the request for shoulder x-ray, CA MTUS and ACOEM note that Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Red flags include evidence of fractures, dislocation, infection, tumor, progressive neurologic and/or vascular compromise, cardiac condition, subdiaphragmatic conditions, and acute rotator cuff tear in a young worker. Within the documentation available for review, this patient has a longstanding injury with an established diagnosis of rotator cuff syndrome and imaging has apparently been performed in the past. There is no current evidence of any red flags, significant change in symptoms/findings, or another clear rationale for repeating radiographs at this time. As such, the currently requested shoulder x-ray is not medically necessary.