

<b>Case Number:</b>	CM13-0017346		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 36-year-old female was reportedly injured on March 5, 2011. The mechanism of injury was noted as being kicked in the head, face, and stomach. The most recent progress note, dated December 12, 2013, indicated that there were ongoing complaints of cervical spine pain and headaches. The physical examination demonstrated decreased cervical spine and right shoulder range of motion with pain. Diagnostic imaging studies of the cervical spine revealed minimal degenerative changes. Previous treatment included physical therapy, home exercise, a TENS unit, chiropractic treatment, cervical traction, and medications. A request had been made for right shoulder x-rays and was not certified in the pre-authorization process on August 9, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER X-RAYS, 4 VIEWS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The California MTUS/ACOEM practice guidelines support plain radiographs of the shoulder in patients with acute, subacute and chronic shoulder pain that has

not improved with conservative treatment. Review of the available medical records documents right shoulder pain after an injury on December 12, 2013, and continues despite conservative treatment. As such, this request for a right shoulder x-ray is medically necessary.