

Case Number:	CM13-0023765		
Date Assigned:	11/15/2013	Date of Injury:	10/04/2007
Decision Date:	01/21/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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 patient is a 40-year-old male who injured his left Knee in October 4 2007, diagnosed with bilateral shoulder strain/sprain, right wrist tendonitis, mild carpal tunnel syndrome and left knee patellofemoral chondromalacia, thus need for multiple radiologic studies over a while. The patient was initially treated with medications, home exercises, and lumbar bracing. The patient had (EMG/NCV) Electromyogram and Nerve Conduction Studies of the upper extremities dated 3/21/2013 that demonstrated normal results. Given persistent chronic shoulder pain, plain xrays were ordered between Sept 4 2013 and Oct 19 2013, which was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray between 9/4/2013 and 9/4/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ortho info, section Shoulder Impingement/Rotator Cuff Tendinitis Other Basis.

Decision rationale: California Chronic Pain Medical Treatment Guidelines is mute on this topic. Because x-rays do not show the soft tissues of your shoulder like the rotator cuff, plain x-rays of

a shoulder with rotator cuff pain are usually normal or may show a small bone spur. A special x-ray view, called an "outlet view," sometimes will show a small bone spur on the front edge of the acromion. Magnetic resonance imaging (MRI) and ultrasound these studies can create better images of soft tissues like the rotator cuff tendons. They can show fluid or inflammation in the bursa and rotator cuff. In some cases, partial tearing of the rotator cuff will be seen. Therefore the request for X-ray between 9/4/2013 and 9/4/2013 is not medically necessary.