

Case Number:	CM13-0039228		
Date Assigned:	12/18/2013	Date of Injury:	08/17/2007
Decision Date:	03/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Medicine 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 44 year old female housekeeper with a date of injury of August 17, 2007. She is status post right shoulder arthroscopy on March 31, 2010. Postoperatively, she has been treated with medications and physical therapy. Orthopedic evaluation on September 17, 2013 reported persistent right shoulder pain and awakening at night. Examination revealed biceps tendon and AC joint tenderness, limited range of motion, positive supraspinatus, impingement, and Apprehension. Diagnoses included possible postoperative right shoulder rotator cuff tear. Right shoulder MR arthrogram on October 10, 2013 revealed cuff tendinitis without tear, minor marginal fraying along the biceps tendon, partial detachment of worn posteriorly labrum, capacious glenohumeral joint volume, and degenerative AC joint. Plain film x-rays performed on the October 15, 2013 visit revealed some degenerative changes about the acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

An x-ray of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Radiographs

Decision rationale: Right shoulder x-rays was not medically necessary. According to ODG, indications for plain shoulder radiographs are acute shoulder trauma, to rule out fracture or dislocation and acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study. In this case, an MR arthrogram was certified and performed. The MR arthrogram revealed degenerated AC joint. Just 5 days after the MR arthrogram, plain film x-rays were performed in the office which also revealed AC joint degenerative changes. There is no evidence in the medical records of how plain film x-rays in addition to the MR arthrogram would have altered this patient's course of treatment. As noted in ODG, the preferred imaging modality for patients with suspected rotator cuff disorders is MRI. In the absence of an acute shoulder trauma, plain film x-rays in addition to advanced imaging studies would not have been medically necessary for a patient with chronic shoulder pain.