

Case Number:	CM13-0069917		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2003
Decision Date:	04/29/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 has a subspecialty in Pain Management 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 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 injured worker is a 55-year-old male with a date of injury of April 25, 2003. The patient has a history of 2 left arthroscopic shoulder surgeries and continues to have shoulder pain. A progress note on October 18, 2003 indicates worsening of shoulder, back, and left leg pain. The request is made for shoulder X-ray with contrast of the left shoulder to evaluate for recurrent tear. A utilization review determination noncertified this request on November 27, 2013. The stated rationale was that "it does not appear that the patient has any reason treatment for any of these problems" and the reviewer cited guidelines that specify that repeat imaging should be reserved for a significant change in pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contrast X-Ray of 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), MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The submitted medical documentation includes a primary treating physician's progress report on date of service October 18, 2013. The patient subjectively

complained of left shoulder pain despite to arthroscopic left shoulder surgeries. Currently the pain is rated 3 to 7 out of 10, and ice and over-the-counter medications help to temporarily alleviate the pain. Physical examination of the shoulders reveal decrease range of motion in the left with flexion to 50° and abduction to 40°. Muscle strength was noted to be 4 out of 5 on the left side in flexion, extension, abduction, abduction, internal rotation, and external rotation, whereas it was rated 5 out of 5 on the right side. The requesting healthcare provider states that the patient's medical records are not available for review. There is no discussion of previous imaging of the left shoulder. Given the lack of discussion on previous imaging, the request for current imaging is not warranted. The requesting healthcare provider even specifies that previous records are not available. Rather than ordering a new image, prior imaging should be looked at beforehand. This request is not certification.