

Case Number:	CM14-0013075		
Date Assigned:	02/24/2014	Date of Injury:	08/25/2008
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 62 year old female with an injury reported on 08/25/2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/25/2014, reported that the injured worker was for follow-up to her right shoulder x-ray. The injured worker was reported stating that she is 'slowly improving'. Upon physical examination the injured worker had mild tenderness over the anterior rotator cuff of the right shoulder. The passive range of motion to the injured worker's right shoulder demonstrated flexion to 90 degrees and abduction to 90 degrees. It was noted the injured worker had intact sensation in the axillary nerve distribution and decreased sensation along the ulnar border of the forearm. The injured worker's diagnoses included dislocated right shoulder reverse arthroplasty. The provider requested x-ray exam of shoulder, due to the injured worker's limited range of motion to her right shoulder. The request for authorization was submitted on 02/01/2014. The injured worker's prior treatments included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY EXAM OF SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214.

Decision rationale: The request for x-ray exam of shoulder is not medically necessary. The injured worker presented for a follow-up to her right shoulder x-ray. The injured worker was reported stating that she is 'slowly improving'. The passive range of motion to the injured worker's right shoulder demonstrated flexion to 90 degrees and abduction to 90 degrees. The provider requested x-ray exam of shoulder, due to the injured worker's limited range of motion to her right shoulder. The California MTUS/ACOEM guidelines do not recommend x-rays for acute shoulder pain. Routine radiographs for shoulder complaints before 4 to 6 weeks of conservative treatment are not recommended. It was noted the injured worker had 'remarkably' little pain. It was noted the injured worker had recently started therapy and the guidelines recommend 4 to 6 weeks of conservative treatment prior to x-ray. Furthermore, the requesting provider did not identify the specific shoulder to be x-rayed per request. Therefore, the request is not medically necessary.