

<b>Case Number:</b>	CM14-0115167		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Occupational 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 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 claimant was injured on 06/20/11. Right shoulder x-rays are under review. He reportedly was pulling a mustard plant and injured his neck and shoulder. He has had medication. He has been diagnosed with cervicogenic headaches, myofascial pain syndrome, chronic pain, rotator cuff syndrome with no signs of impingement, and left shoulder subscapularis tendinopathy. He was using a Thermacare at home. He has tenderness about the shoulder. On 03/21/14, he had a Panel QME. He had multiple body parts that were symptomatic and were evaluated. X-rays of the right shoulder and the right hip and sacroiliac joints were recommended due to his persistent complaints. He had right shoulder pain upon resisted shoulder elevation/depression and a mildly positive apprehension/impingement sign. There was no other physical examination of the shoulder. On 07/07/14, he complained of pain in his neck with spasms. Physical examination revealed restricted range of motion and positive signs of impingement. He was diagnosed with left shoulder subscapularis tendinopathy. There is no mention of x-rays of the shoulder. He had previously attended PT and was instructed in home exercises. As of 02/17/14, he was advised to continue his home exercises. X-rays were ordered based on the PQME report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder X-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder, Radiography, Indications for imaging - Plain Radiographs

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

**Decision rationale:** The history and documentation do not objectively support the request for x-rays of the right shoulder at this time. The MTUS state "for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: -Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. - If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. -Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: -Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) -Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) -Failure to progress in a strengthening program intended to avoid surgery. -Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)" In this case, the claimant's history of injury, evaluation, and treatment to date are unclear. It is not evident, for an injury that occurred over three years ago, why x-rays are currently being recommended. It is not clear whether x-rays were ever done since his injury. The physical examination of the shoulder does not demonstrate any evidence of internal derangement that is likely to be diagnosed by x-rays. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.