

Case Number:	CM14-0125425		
Date Assigned:	08/11/2014	Date of Injury:	06/03/2001
Decision Date:	10/01/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 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:

This is a 49-year-old female patient who reported an industrial injury to the shoulders on 6/3/2001, over 12 years ago, attributed to the performance of her usual and customary job tasks. The patient was noted to complain of neck pain of 5/10 along with bilateral shoulder pain 7/10. The objective findings on examination included tenderness to the shoulders with restricted range of motion; positive Appley's scratch test; tenderness to the bilateral wrists; positive Phalen's test; tenderness to cervical spine with and range of motion. The diagnosis was joint pain shoulder; bilateral carpal tunnel syndrome; cervical radiculitis; and bilateral shoulder impingement. The treatment plan included x-rays of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray, bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter--Radiography

Decision rationale: The request for authorization of a right/left shoulder x-rays after ongoing treatment based on persistent bilateral shoulder pain over 12 years status post date of injury was inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The patient was diagnosed with bilateral shoulder pain and bilateral shoulder impingement, however, it is not clear what prior conservative treatment, or imaging studies, the patient has received in the past. The requested bilateral shoulder x-rays represent a screening test without objective findings on examination to support medical necessity. There is no objective evidence provided to support the medical necessity of updated right/left shoulder x-rays. There is no provided rationale for the requested bilateral shoulder x-rays. There are no documented clinical changes during the ensuing period of time that would meet the criteria recommended for repeated x-rays by the applicable evidence-based guidelines. The management of the right shoulder is not demonstrated to be changed by x-rays to the post-operative shoulder. The requesting provider has not provided any objective evidence with an appropriate rationale to support the medical necessity of the requested x-ray of the postoperative right shoulder. The requested bilateral shoulder x-rays are not demonstrated to be medically necessary.