

Case Number:	CM14-0134958		
Date Assigned:	08/27/2014	Date of Injury:	05/25/2005
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland and Alabama. 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:

Patient is a 62 year old male with past medical history of left hip replacement, rotator cuff repair and bilateral carpal tunnel syndrome, who sustained an industrial injury on 5/25/05. Diagnosis of heterotrophic bone was made. In an evaluation from 7/22/14, the first post-op visit after a greater trochanteric bursectomy with bone spur removal had been performed on July 18th, 2014. On this visit, prominent bone was noted in the region of previously diagnosed tendinitis. Other than the prominent bone, the assessment stated that the incisions were well-healed with no drainage. Distal neurovascular status was intact. At that point bracing and crutches with the use of indomethacin was recommended. There was a bilateral shoulder x-ray requested and is being questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Bilateral Shoulders,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-203.

Decision rationale: Based on the CA MTUS / ACOEM guidelines on shoulder radiographs, there is no clear indication as to specific reasons for having x-rays of the bilateral shoulder in this patient. The patient was known to have undergone a rotator cuff surgery without an indication from the clinical assessment that the injured worker is having active issues including loss of function/ pain status. Furthermore, there is no indication of the specifics in regards to ongoing shoulder complains per the patient's medical records, and the request for the bilateral shoulder x-ray is unnecessary.