

Case Number:	CM14-0137185		
Date Assigned:	09/05/2014	Date of Injury:	04/30/2009
Decision Date:	12/05/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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:

Injured worker (IW) is a 54 year old male who sustained an industrial injury to the left shoulder and back while delivering auto parts on 04/03/09. He is s/p MRI of the left shoulder on 06/12/09, and underwent left shoulder arthroscopy on 08/25/10. Per office notes, he continues to complain of left shoulder pain which is increased with lifting, carrying, pushing/pulling, and reaching above shoulder level. Pain radiates into the neck and down the arm to the hands and fingers. Left shoulder impingement test is positive and there is tenderness over the acromioclavicular (AC) joint, coracoid process, bicipital groove, deltoid bursa, and glenohumeral joint. X-rays of the left shoulder performed 05/28/14 were negative for acute fracture. There was early AC joint degenerative disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 07/03/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-208.

Decision rationale: ACOEM Guidelines Shoulder chapter states that 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)Evidence of a red-flag condition, physiologic evidence of tissue insult/neurovascular dysfunction, or weakness is not documented. A planned invasive procedure is not documented. A change in the clinical presentation since the last documented left shoulder x-rays in May 2014 is not documented. No rationale is documented which would support performance of repeat left shoulder x-rays per ACOEM Guidelines (incorporated into MTUS) criteria.