

<b>Case Number:</b>	CM14-0152751		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/29/2009
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Pain 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 injured worker had an original date of injury of August 29, 2009. The injured worker was noted on an injured worker encounter for date of service July 23, 2014 to complain of constant right shoulder pain which was rated seven out of 10. The injured worker's diagnoses include chronic shoulder pain, shoulder impingement, and small rotator cuff tear demonstrated on right shoulder MRI in January 2010. The disputed issue is a request for fluoroscopic imaging of the right shoulder. This was denied by a utilization reviewer, who commented that there was no evidence that conservative therapy had been tried in this injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopy of the right shoulder AP and lateral:** Overturned

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

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

**Decision rationale:** In the case of this injured worker, there is documentation of chronic long-standing right shoulder pain and injury. The injured worker was being treated with anti-inflammatory and opiate pain medication. The injured worker has a remote history of physical

therapy back into thousand nine or 2010 according to a progress note on July 23, 2014. The injured worker has not had any recent physical therapy. The utilization reviewer had denied the request for a fluoroscopic image of the shoulder on the basis of a lack of recent physical therapy. This is not a correct interpretation of the ACOEM guidelines, which specify for a course of conservative therapy before special in imaging of 4 to 6 weeks. This is supposed to take place when a patient is initially injured, and has less relevance in someone with a long-standing chronic injury and already previous documentation of right shoulder impingement, rotator cuff tear on prior MRI, and bicipital tendinitis. At this juncture, given the positive findings on physical examination found in July 2014, the fluoroscopic image of the shoulder is medically necessary.