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| Case Number: | CM14-0025899 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 03/17/2012 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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:

According to the records made available for review, this is a 44-year-old male with a 1/31/14 date of injury. At the time (1/9/14) of the request for authorization for one x-ray of the right shoulder and acromioclavicular joint, there is documentation of subjective (pain over the right supraspinatus tendon, pain and discomfort with overhead reaching, and with pushing and pulling above shoulder level) and objective (mild weakness of the abductors and external rotators of the right shoulder) findings, current diagnoses (other post-procedural status, right shoulder arthroscopy), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE X-RAY OF THE RIGHT SHOULDER AND ACROMIOCLAVICULAR JOINT:

Overtaken

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a shoulder x-ray is indicated (such as: Acute shoulder trauma, chronic shoulder pain, rule out fracture or dislocation and Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study), as criteria necessary to support the medical necessity of shoulder x-ray. Within the medical information available for review, there is documentation of diagnoses of other post-procedural status, right shoulder arthroscopy. In addition, there is documentation of chronic shoulder pain. Therefore, based on guidelines and a review of the evidence, the request for one x-ray of the right shoulder and acromioclavicular joint is medically necessary.