

Case Number:	CM14-0047194		
Date Assigned:	07/02/2014	Date of Injury:	08/07/2008
Decision Date:	09/24/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 is a 61 year old male who reported an injury on 08/07/2008. The mechanism of injury was not provided. He was diagnosed with left shoulder osteoarthritis. Past treatments included anti-inflammatories and a kenalog injection which brought him approximately four months of relief on 06/05/2013. On 02/13/2014 the injured worker complained of significant discomfort to the left shoulder. He reported he had difficulty with activities of daily living, repetitive activity, and overhead activity. Upon physical examination the injured worker was noted to have tenderness to the subacromial bursal space and shoulder girdle musculature. A positive Neers and Hawkins impingement signs were noted. He was also noted to have limited range of motion due to pain with forward flexion to 145 and abduction to 150. He was treated with a repeat kenalog injection. He was noted to have failed oral anti-inflammatories as well as self-directed stretching and strengthening exercises. Current medications were not documented in the clinical note. The treatment plan was an x-ray of the left shoulder and a kenalog injection to the left shoulder. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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

Decision rationale: The request for a left shoulder x-ray is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery. The injured worker was noted to have failed anti-inflammatories and self-directed stretching and strengthening exercises, however, there was a lack of documented findings suggestive of shoulder pathology or clear rationale for the request. Additionally, the duration of conservative care completed was not specified to show that at least four weeks had been completed. For these reasons, the request is not medically necessary.