

<b>Case Number:</b>	CM14-0049818		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 47-year-old male who reported an injury on 05/16/2012 of an unknown mechanism. The injured worker complained of cervical spine, lumbosacral spine and left shoulder pain as well as depression and anxiety. Examination of the left shoulder on 02/20/2014 showed the injured worker had tenderness over the rotator cuff muscle, the trapezius muscles and acromioclavicular joint. He also had decreased range of motion and a positive apprehension test and impingement sign. He had a multi-positional magnetic resonance imaging (MRI) of the left shoulder on 11/11/2013 that showed an interstitial partial thickness tear of the distal supraspinatus tendon. He had diagnoses of a cervical spine sprain/strain syndrome, cervical disc syndrome, left upper trapezius myofasciitis, rule out cervical radiculopathy, left shoulder sprain/strain with impingement syndrome, left shoulder rotator cuff syndrome, lumbar sprain/strain, lumbar disc syndrome, bilateral lumbar radiculitis, sleeplessness secondary to pain and anxiety and depression secondary to pain. His past treatments included a home exercise program, an unspecified number of chiropractic sessions, 8 sessions of acupuncture treatment and oral medications. The treatment plan was for a referral for a psychological evaluation; there was no submitted clinical documentation to confirm the request for an x-ray of the left shoulder. The Request for Authorization form was not submitted for review. There was no rationale for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xray of the left shoulder 2 views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201, 212-214.

**Decision rationale:** The request for x-ray of the left shoulder (2 views) is not medically necessary. The injured worker complained of cervical spine, lumbosacral spine and left shoulder pain. His past treatments included a home exercise program, an unspecified number of chiropractic sessions, 8 sessions of acupuncture treatment and oral medications. The California MTUS/ACOEM Guidelines do not recommend x-rays for acute shoulder pain. Routine radiographs for shoulder complaints are not recommended unless there are red flags or serious conditions present such as recurrent dislocation. The clinical documentation submitted does not show a clinical necessity for an x-ray of the left shoulder. In addition, a magnetic resonance imaging (MRI) of the left shoulder was done on 11/11/2013. Therefore, the request for an x-ray of the left shoulder (2 views) is not medically necessary.