

Case Number:	CM14-0066847		
Date Assigned:	07/11/2014	Date of Injury:	09/10/1996
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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:

This is a 68 year old female claimant with a reported date of injury of 9/10/1996. The mechanism of injury is a fall. This claimant has subsequently had extensive imaging of the right shoulder and knee. It appears the claimant has had rotator cuff surgery in the interval 1996 to present day. The clinical exam reveals no acute change or objective findings. The claimant has had recent viscosupplementation for the symptomatic treatment of osteoarthritis. The claimant has pain with overhead movement of the right shoulder which is chronic. The request is for retrospective authorization/certification of radiographs of the knee and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective X-ray(s) to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Radiography.

Decision rationale: The claimant has had extensive imaging of the knee and repeat radiographs were not medically necessary to treat the underlying degenerative joint disease/ osteoarthritis.

There are no acute findings to warrant repeat x-rays. Therefore, the request is not medically necessary.

Retrospective X-ray(s) to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, shoulder - X-Rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Xrays.

Decision rationale: The claimant has had extensive imaging of the right shoulder. There are no acute findings to warrant repeat x-rays. Therefore, the request is not medically necessary.