

Case Number:	CM14-0070751		
Date Assigned:	07/16/2014	Date of Injury:	06/28/2013
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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 Family 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:

This is a 35 year old male patient who reported an industrial injury to the right shoulder on 6/28/2013, 15 months ago, attributed to the performance of customary job tasks reported as lifting 100 pounds and perceiving pain to the right shoulder and lower back. The patient was noted to be status post arthroscopic repair of the right shoulder on 1/23/2014. The patient complained of continued right shoulder pain. The objective findings on examination included well-heeled surgical scar; positive glenohumeral apprehension test; range of motion was documented as diminished, including flexion and abduction 80; extension and adduction and 30; internal rotation 60 and external rotation 70. The patient was diagnosed with right shoulder pain status post arthroscopic repair. The plan was for an X-Ray of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Updated 3/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter--Radiography.

Decision rationale: The request for authorization of a right shoulder X-Ray after ongoing treatment based on persistent right shoulder pain status post arthroscopy and surgical repair to the right shoulder with data surgery 1/23/2014 was inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines and the Official Disability Guidelines. The patient was diagnosed s/p shoulder arthroscopy; however, it is not clear that the patient was treated with a corticosteroid injection or sufficient conservative care. The patient is s/p arthroscopic surgical intervention with a Rotator Cuff Repair and Subacromial Decompression. There is no objective evidence provided to support the medical necessity of updated right shoulder X-Rays postoperatively. There is no provided rationale for the requested post-operative X-Rays. There are no documented clinical changes during the ensuing period of time that would meet the criteria recommended for repeated X-Rays by the applicable evidence based guidelines. The management of the right shoulder is not demonstrated to be changed by X-Rays to the post-operative shoulder. The requesting provider has not provided any objective evidence with an appropriate rationale to support the medical necessity of the requested X-Ray of the postoperative right shoulder.