

<b>Case Number:</b>	CM14-0077286		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Practice and is licensed to practice in Arizona. 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:

Patient is a 58 year old male with a date of injury on 1/28/2014. Diagnosis is of right shoulder sprain. Subjective complaints are of right shoulder pain at 3/10 that was improved by physical therapy visits. Physical exam shows moderate tenderness on shoulder palpation and limited range of motion. Medications include Naproxen, and Flexeril. Documentation indicates that the patient had a prior shoulder x-ray which was negative for bony abnormalities. The patient has received 16 prior physical therapy visits, with improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat x-ray of right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for Imaging-Plain radiographs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER, RADIOGRAPHY.

**Decision rationale:** The Official Disability Guidelines (ODG) recommends shoulder x-rays for acute shoulder trauma, rule out fracture or dislocation, and acute shoulder trauma, with

questionable bursitis. For this patient, prior shoulder x-rays had been performed and were negative. Documentation does not reveal any significant changes in the history or physical exam that would warrant a repeat x-ray. Furthermore, records indicate that the patient's symptoms were improving with physical therapy. Therefore, the medical necessity for a shoulder x-ray is not established.