

Case Number:	CM15-0146140		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 53-year-old male, who sustained an industrial injury on 7-9-14. He reported injuries to his neck, back, left hip, left hand and wrist, ribs, bilateral shoulders, right foot, and forehead. The injured worker was diagnosed as having right shoulder sprain and strain and rule out right shoulder internal derangement. Treatment to date has included acupuncture, chiropractic treatment, and medication. Physical examination findings on 7-1-15 included decreased right shoulder range of motion. Currently, the injured worker complains of right shoulder pain with radiation to the right hand with tingling and weakness. The treating physician requested authorization 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: The Claims Administrator did not cite any medical evidence for its decision.

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 requested X-ray right shoulder is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Shoulder, Radiography, note: "Recommended as indicated below. The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique must be learned, so it is not always recommended. (Newberg, 2000) Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and auxiliary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. (Burbank, 2008) Indications for imaging. Plain radiographs: Acute shoulder trauma, rule out fracture or dislocation. Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study." The injured worker has right shoulder pain with radiation to the right hand with tingling and weakness. The treating physician has documented decreased right shoulder range of motion. The treating physician has not documented evidence of the afore-mentioned criteria. The criteria noted above not having been met, X-ray right shoulder is not medically necessary.