

Case Number:	CM15-0181798		
Date Assigned:	09/23/2015	Date of Injury:	05/29/2013
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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: Physical Medicine & Rehabilitation

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 51-year-old male who sustained an industrial injury May 29, 2013. Diagnosis was right rotator cuff tear. Documented treatment includes right shoulder rotator cuff repair and latissimus dorsi tendon transfer on 8-7-14; 12 post-operative sessions of physical therapy with reported "no significant decrease in pain," and he is presently doing in-home physical therapy. Ibuprofen is stated to keep pain "well controlled." The injured worker is noted 8-4-15 to be "improving slowly" with examination revealing range of motion elevation at 150 degrees, external rotation 55 degrees, and internal rotation to L4. He maintained is arm in abduction 4 out of 5 to "resisted abduction." X-ray provided from 8-6-2015 compared to 3-5-2015 stated "degenerative and postsurgical changes without significant interval change." The treating physician's plan of care includes a complete radiologic shoulder examination with a minimum of two views and this was non-certified on 8-31-15. The injured worker is currently not working and the physician stated he may need rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiologic examination, Shoulder, complete, minimum of 2 views: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Radiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, under Radiography.

Decision rationale: The patient presents on 08/04/15 with slowly improving right shoulder pain. The patient's date of injury is 05/29/13. Patient is status post right shoulder rotator cuff repair on 08/07/14. The request is for RADIOLOGIC EXAMINATION, SHOULDER, COMPLETE, MINIMUM 2 VIEWS. The RFA is dated 08/23/15. Physical examination dated 08/04/15 reveals well healed surgical incisions on the right shoulder, and 4/5 strength to resisted abduction and external rotation. The patient is currently prescribed Ibuprofen. Diagnostic imaging included X-rays of the right shoulder dated 03/05/15 and 08/06/15 noting post-surgical changes. Patient is currently classified as permanent and stationary, current work status not provided. ODG Shoulder chapter, under Radiography states: 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. Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary 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. 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. In regard to the repeat X-ray of the right shoulder, the patient does not meet guideline criteria. This patient had an X-ray of the right shoulder on 03/05/15 with no significant findings other than post-surgical changes. The provider is requesting a repeat X-ray given that this patient's shoulder pain has failed to completely resolve, though has not documented any significant recent trauma or neurological deficit. ODG does not support repeat X-rays in the absence of red flags - even if the pain has persisted despite conservative measures - owing to the risk of false positives which are not the source of the complaint. This patient presents with continuing (but improving) pain in his right shoulder, without documentation of red flags or neurological deficit in the affected extremity, repeat imaging cannot be substantiated. The request IS NOT medically necessary.