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| <b>Case Number:</b>   | CM15-0188535 |                              |            |
| <b>Date Assigned:</b> | 09/30/2015   | <b>Date of Injury:</b>       | 09/10/2014 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2015 |

### 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: Preventive Medicine, Occupational 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 59 year old male who sustained an industrial injury on September 10, 2014. A recent primary treating office visit dated August 04, 2015 reported subjective complaint of "low back, right shoulder and arm, and left shoulder and arm pains." The following diagnoses were applied to this visit: lumbar spine strain, right shoulder strain and left shoulder strain. On February 06, 2015 at primary follow up he had subjective complaint of: "pain in right shoulder described as aching and burning." The plan of care is with recommendation for continuing medications, home exercises, heat and or ice application, and orthopedic evaluation. Primary treating follow up dated June 30, 2015 reported the plan of care with recommendation for radiographic study of the lumbar spine, pelvis, and bilateral shoulders. At initial examination on October 27, 2014 radiographic study noted performed on right shoulder and lumbar spine with no evidence of results within the provided documentation. On August 11, 2105 a request was made for a radiographic study of the right shoulder that was non-certified by Utilization review on August 24, 2015.

### 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 Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS Guidelines, the use of routine testing, including plain-film radiograph of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Primary criteria for ordering imaging studies include; 1) emergence of a red flag. 2) Physiologic evidence of tissue insult or neurovascular dysfunction. 3) Failure to progress in a strengthening program intended to avoid surgery. 4) Clarification of the anatomy prior to an invasive procedure. If limitations due to consistent symptoms have persisted for one month or more, imaging may be considered in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, the injured worker had x-rays of the right shoulder done on October, 2014 but results are not available for review. Per the available documentation, there is no indication of referred pain, suspicion of a red flag, failure to progress in a strengthening program, plan or plan for surgery. The request for X-Ray right shoulder is determined to not be medically necessary.