

Case Number:	CM15-0189196		
Date Assigned:	10/01/2015	Date of Injury:	03/28/2014
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 59-year-old male, who sustained an industrial injury on 3-28-2014. The medical records indicate that the injured worker is undergoing treatment for left shoulder strain. According to the progress report dated 8-4-2015, the injured worker presented with complaints of left shoulder pain. The level of pain was not rated. Physical examination of the left shoulder was not indicated. The current medications are not specified. Previous diagnostic studies include MRI of the left shoulder (6-19-2014). The MRI showed a full-thickness tear of the supraspinatus tendon. The tear may extend into the infraspinatus tendon. Moderate-to-severe subscapularis tendinosis. Treatments to date include medication management, heat, ice, and home exercises. Work status is described as off work. The original utilization review (8-25-2015) had non-certified a request for x-ray of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray left 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 MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria, new injury, or progressive change in neurological findings. Without clear specific evidence to support the diagnostic studies, medical necessity for shoulder x-rays has not been established. The X-ray left shoulder is not medically necessary and appropriate.