

Case Number:	CM15-0197904		
Date Assigned:	10/13/2015	Date of Injury:	12/07/2009
Decision Date:	11/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York, Tennessee

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:

This is a 58-year-old male with a date of industrial injury 12-7-2009. The medical records indicated the injured worker (IW) was treated for left shoulder pain, needing intervention; chronic hepatitis C, universal precautions necessary. In the consult notes (9-4-15), the IW was seen for a preoperative medical evaluation prior to left shoulder surgery. He had complaints of left shoulder pain. His original injury involved the right shoulder, but he developed pain in the left shoulder due to compensation for the right shoulder. On examination (9-4-15 notes), there were positive impingement signs in the left shoulder. There was weakness with resisted flexion. Forward flexion of the left shoulder was 90 degrees right and 100 degrees left. Shoulder abduction was 90 degrees, external rotation was 30 degrees right and 45 degrees left and internal rotation was 40 degrees right and 30 degrees left. His EKG showed normal sinus rhythm. His lungs were clear to auscultation. Treatments included physical therapy and acupuncture (with benefit), shoulder injections, chiropractic care and medication (Norco). No rationale was documented for the need for the requested treatment. A Request for Authorization dated 9-2-15 was received for a chest x-ray. The Utilization Review on 9-4-15 non-certified the request for a chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/2015), Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Preoperative medical evaluation of the healthy patient.

Decision rationale: In this case the chest x-ray is requested as part of the preoperative evaluation. Preoperative chest x-rays add little to the clinical evaluation in identifying patients at risk for perioperative complications. Abnormal findings on chest x-ray occur frequently, and are more prevalent in older patients. Several systematic reviews and independent advisory organizations in the US and Europe recommend against routine chest radiography in healthy patients. There is no documentation of respiratory disease in this patient and routine preoperative chest x-rays are not recommended. The request is not medically necessary.