

<b>Case Number:</b>	CM15-0216122		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 57-year-old female, with a reported date of injury of 07-07-2010. The diagnoses include right shoulder complete rotator cuff rupture, disc herniation at C6-7 with moderate subarachnoid space indentation with mild effacement on the ventral surface of the cord, disc herniation at C4-5 with moderate subarachnoid space indentation without effect on cord, right C7 radiculopathy, sleep deprivation including stress, anxiety, and depression due to pain, and gastritis due to prolonged medication use. The progress report dated 09-22-2015 indicates that the injured worker has been working full duty since 09-2014. She complained of right shoulder pain with weakness; right upper trapezius, biceps, and brachialis pain; constant neck pain on the right side with radiation into her right upper extremity; constant muscle spasm on the right upper trapezius muscle; stress and anxiety; and sleep deprivation. The physical examination showed cervical flexion at 25 degrees, cervical extension at 20 degrees, bilateral lateral flexion of the cervical spine at 20 degrees, bilateral rotation of the cervical spine at 40 degrees, range of motion of the cervical spine with pain, spasms of the paravertebral muscle, anterior scalene muscle, and upper trapezius muscle, positive cervical distraction test, and positive shoulder depression test. The treating physician placed the injured worker on temporary total disability until 10-06-2015. The diagnostic studies to date have included a urine drug screen on 10-15-2014, which was positive for benzodiazepines; and a urine drug screen on 06-22-2015, which was positive for Restoril, Hydrocodone, and Hydromorphone. Treatments and evaluation to date have included Norco, Naproxen, Valium, Neurontin, and Topamax. The treating physician requested x-ray of the right shoulder, 3 views. On 10-09-2015, Utilization Review (UR) non-certified the request for x-ray of the right shoulder, 3 views.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-rays right shoulder 3 views:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Radiography.

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for x-ray of the shoulder. MTUS guidelines state the following: Routine testing (laboratory tests, plain-film radiographs 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. The patient does currently fulfill the criteria. According to the clinical documentation provided and current MTUS guidelines, x-ray of the shoulder is medically necessary to the patient at this time.