

<b>Case Number:</b>	CM15-0053917		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old male, who sustained an industrial injury on June 10, 2008. He reported low back, neck and right shoulder pain, after a slip and fall. The injured worker was diagnosed as having status post lumbar surgery with residuals, and right shoulder impingement syndrome. Treatment to date has included medications, back surgery, magnetic resonance imaging, electrodiagnostic studies, and x-rays. On July 7, 2014, the treatment plan included: physiotherapy, Vicodin, Zolpidem, Norflex, and follow up in 2-3 months. On October 28, 2014, he complains of low back, neck and right shoulder pain. He denies having had x-rays for the neck or shoulder. The request is for x-rays of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Radiography.

**Decision rationale:** The claimant sustained a work-related injury in June 2008. When seen by the requesting provider he was having right shoulder pain and neck and back pain. Previous imaging had included an MRI of the right shoulder. X-rays of the right shoulder were requested with the rationale given as they had not been done sufficiently recently. In this case, the claimant has already had advanced imaging of the right shoulder done approximately one year before the date of service. Applicable criteria for obtaining x-rays of the shoulder in this clinical situation would be in the setting of acute trauma. In this case, there is no new injury and therefore, the requested x-rays are not medically necessary.