

<b>Case Number:</b>	CM15-0085154		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 year old female, who sustained an industrial injury on 11/2/11. She reported initial complaints of right arm. The injured worker was diagnosed as having compression-contusion injury right elbow; sprain/strain right wrist. Treatment to date has included status post right arthroscopic revision rotator cuff repair with revision subacromial decompression; distal clavicle resection (Mumford procedure); extensive debridement superior labrum degenerative type 1 SLAP tear (8/6/14). Diagnostics included MRI right shoulder (3/13/14). Currently, the PR-2 notes dated 3/5/15 from the primary physician indicate the injured worker has not been working and there are no new injuries and she is improved. She complains of dull to sharp pain in the right shoulder, occurring constantly, with occasionally swelling and weakness. Physical examination demonstrates tenderness on palpation to the right shoulder, elbow and wrist. There are no other physical examination notes documented for the right shoulder. The injured worker is a status post right arthroscopic revision rotator cuff repair with revision subacromial decompression; distal clavicle resection (Mumford procedure); extensive debridement superior labrum degenerative type 1 SLAP tear of 8/6/14. The treatment plan documents continue post-operative care with surgeon and X-rays for right shoulder and follow-up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-rays of the right shoulder are not medically necessary. Indications for plain radiographs include acute shoulder trauma, left fracture or dislocation; and acute shoulder trauma, questionable bursitis, blood calcium/ approximately 3 months duration, first study. In this case, the injured worker's working diagnoses are stiff shoulder syndrome with recurrent right shoulder rotator cuff tear; compression-contusion injury of the right elbow; sprain/strain of the right wrist, rule out carpal tunnel syndrome. Subjectively, according to an April 16, 2015 progress note, the injured worker has not been working, has no new injuries and is improved. Objectively, there is tenderness of the right shoulder, elbow and wrist. Range of motion is decreased in the right shoulder. There is no clinical rationale in the medical record for repeat radiographs of the right shoulder. The injured worker had an arthroscopy with rotator cuff repair 2011. The injured worker had an arthroscopic revision of the rotator cuff August 6, 2014. According to a progress note dated February 23, 2015, the injured worker had a permanent and stationary report, was doing well, reached maximum medical improvement and was discharged from active orthopedic care. Consequently, absent clinical documentation with a clinical indication and rationale for repeat shoulder radiographs, no new injuries and improvement with no objective findings indicating repeat radiographs are warranted, x-rays of the right shoulder are not medically necessary.

**Follow up appointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the Official Disability Guidelines, follow up appointment is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with

eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are stiff shoulder syndrome with recurrent right shoulder rotator cuff tear; compression - contusion injury of the right elbow; sprain/strain of the right wrist, rule out carpal tunnel syndrome. Subjectively, according to an April 16, 2015 progress note, the injured worker has not been working, has no new injuries and is improved. Objectively, there is tenderness of the right shoulder, elbow and wrist. Range of motion is decreased in the right shoulder. There is no clinical rationale in the medical record for repeat radiographs of the right shoulder. There is no clinical indication or rationale for a repeat or follow-up appointment. Repeat radiographs of the right shoulder are not medically necessary and, as a result, a follow-up appointment is not medically necessary. According to a progress note dated February 23, 2015, the injured worker had a permanent and stationary report, was doing well, reached maximum medical improvement and was discharged from active orthopedic care. Consequently, absent clinical documentation with a clinical indication or rationale for a follow-up appointment and no new injuries or complaints, follow up appointment is not medically necessary.