

<b>Case Number:</b>	CM14-0115357		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 58 year-old male was reportedly injured on 1/9/2013. The most recent progress note, dated 6/25/2014. Injured worker indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder: forward flexion 170, abduction 160, external rotation 80, internal rotation 60, positive nears, positive tenderness to palpation the AC joint. Muscle strength 5/5. Diagnostic imaging studies include an MRI of the lumbar spine dated 4/28/2014 which reveals disc protrusion at L5-S1 with bilateral neural foraminal narrowing, disc protrusion at L2-three, disc protrusion at L4-five, disc bulge at L3-four, disc desiccation at L1-two through L5-S1 with mild discount loss at L1-two. Previous treatment includes right shoulder arthroscopy, medications, and conservative treatment a request had been made for x-rays of the right shoulder, and was not certified in the pre-authorization process on 7/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the Right Shoulder with Flexion, Extension, AP and Lateral Views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (electronically cited).

**Decision rationale:** ACOEM guidelines recommend an X-ray is recommended for evaluation of acute, subacute, or chronic shoulder pain. Obtaining x-rays once is generally sufficient. For patients with chronic or progressive shoulder pain, it may be reasonable to obtain a second set of x-rays months to years subsequently to re-evaluate the patient's condition, particularly if symptoms change. After review the medical records provided there was insufficient documentation for the justification of updated x-rays one year and five months after the initial injury. There were no new significant findings upon physical examination or documentation of recent injury or "red flags". Therefore this request is not medically necessary.