

Case Number:	CM14-0118879		
Date Assigned:	08/06/2014	Date of Injury:	04/25/2014
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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 Orthopedic Surgery 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 claimant is a 58-year-old gentleman who was injured in a work-related accident on 9/8/12. The medical records provided for review specific to the claimant's right shoulder included the 7/1/14 progress report describing continued complaints of pain in the right shoulder with stiffness and soreness. Objective findings on examination of the right shoulder documented zero to 150 degrees of flexion, zero to 140 degrees of abduction, and positive impingement, Hawkin's, and drop arm testing. Ultrasound assessment of the shoulder on that date was documented to identify rotator cuff partial thickness injury and subacromial bursitis. An injection of corticosteroid into the subacromial space was performed under ultrasound guidance. The progress report of 7/1/14 stated specifically that "fluoroscopy" of the right shoulder was obtained showing minimal subacromial impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for fluoroscope right shoulder (unknown DOS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 196, 208-209.

Decision rationale: The medical records documented that the claimant's diagnosis was already well-established by previous imaging available for review including the ultrasound that was performed at the time of the 7/1/14 progress report. The medical records do not document any direct clinical indication for fluoroscopic assessment of the claimant's right shoulder to confirm a diagnosis of impingement that was already clearly established based on review of the claimant's previous medical records and imaging assessment. Based on California ACOEM Guidelines, the retrospective request for fluoroscopic imaging of the right shoulder cannot be supported as medically necessary.