

<b>Case Number:</b>	CM14-0119041		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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:

This injured worker is a 64 year old male with a reported date of injury of January 26, 2011. Mechanism of injury and occupation not indicated on documentation provided. Diagnoses of tenosynovitis hand/wrist (727.05) and shoulder region affections (726.2). No medical documentation provided. Noted a request for re-examination, including x-rays, dated June 18, 2014, but no supporting documentation provided. A claims evaluation, dated June 28, 2013, was noted as indicating an orthopedic agreed medical evaluation (AME), dated December 11, 2011, notes future treatments include physical therapy, strengthening of the abdominal muscle and core and epidural injection or electrodiagnostics or surgery may be necessary if the injured worker becomes symptomatic. There is a PR-2, dated March 11, 2013, also noted that indicates the injured worker reported right shoulder pain, that radiates to the hand, occurring daily and toward the end of the day, indicating weakness of the right shoulder and right upper extremity. The injured worker's work status is reported as permanent and stationary as of an orthopedic agreed medical examination (AME) on December 16, 2011. Prior utilization review denied request for medical necessity of an X-ray on July 02, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 65

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

**Decision rationale:** Per ODG, X-ray of the shoulder is recommended as: the acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other; plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views; radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. Indications for imaging: Acute shoulder trauma, rule out fracture or dislocation or questionable bursitis, blood Ca+/approximately 3 month duration, first study. In this case, clinical information does not provide a detailed evaluation of the right shoulder; i.e. history of trauma / injury, chronicity of the pain, clinical findings and previous imaging's, per the guideline criteria. Therefore, the request is not considered as medically necessary.