

Case Number:	CM14-0140003		
Date Assigned:	09/08/2014	Date of Injury:	05/25/2011
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational 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:

According to the records made available for review, this is a 65-year-old male with a 5/25/11 date of injury. At the time (7/8/14) of request for authorization for X Ray left shoulder and X Ray right shoulder, there is documentation of subjective (constant pain of the bilateral shoulders, right>left and right elbow) and objective (tenderness to palpation over the bilateral shoulders and arms anteriorly, posteriorly, and over the lateral aspects bilaterally, right>left; tenderness to palpitation over the biceps muscles, biceps tendon groove, deltoid muscles, rotator cuff muscles, acromion process, and acromioclavicular joints bilaterally; restricted range of motion of the right shoulder; positive Neer impingement, Codman's Drop Arm and Supraspinatus tests) findings, current diagnoses (cervical musculoligamentous sprain/strain), and treatment to date (medications (including ongoing treatment with Vicodin)). There is no documentation of emergence of a red flag, chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca+)/approximately 3 months duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Shoulder (updated 7/29/14)Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiology

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG identifies documentation of chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca+)/approximately 3 months duration, as additional criteria necessary to support the medical necessity of shoulder x-ray. Within the medical information available for review, there is documentation of a diagnosis of cervical musculoligamentous sprain/strain. In addition, given documentation of subjective (constant pain of the bilateral shoulders, right>left) and objective (tenderness to palpation over the bilateral shoulders and arms anteriorly, posteriorly, and over the lateral aspects bilaterally, right>left; tenderness to palpitation over the biceps muscles, biceps tendon groove, deltoid muscles, rotator cuff muscles, acromion process, and acromioclavicular joints bilaterally; restricted range of motion of the right shoulder; positive Neer impingement, Codman's Drop Arm and Supraspinatus tests) findings, there is documentation of physiologic evidence of tissue insult or neurovascular dysfunction. However, there is no documentation of emergence of a red flag, chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca+)/approximately 3 months duration. Therefore, based on guidelines and a review of the evidence, the request for X Ray left shoulder is not medically necessary.

X-ray right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Shoulder (updated 7/29/14)Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiology

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG identifies documentation of chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca+)/approximately 3 months duration, as additional criteria necessary to support the medical necessity of shoulder x-ray. Within the medical information available for review, there is documentation of a diagnosis of cervical musculoligamentous sprain/strain. In addition, given documentation of subjective (constant pain of the bilateral shoulders, right>left) and objective (tenderness to palpation over the bilateral shoulders and arms anteriorly, posteriorly, and over the lateral aspects bilaterally, right>left; tenderness to palpitation over the biceps muscles, biceps tendon groove, deltoid muscles, rotator cuff muscles, acromion process, and acromioclavicular joints bilaterally; restricted range of motion of the right shoulder; positive Neer impingement, Codman's Drop

Arm and Supraspinatus tests) findings, there is documentation of physiologic evidence of tissue insult or neurovascular dysfunction. However, there is no documentation of emergence of a red flag. In addition, there is no documentation of chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca⁺)/approximately 3 months duration. Therefore, based on guidelines and a review of the evidence, the request for X Ray right shoulder is not medically necessary.