

Case Number:	CM14-0146691		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2013
Decision Date:	10/30/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 year old female with an injury date of 07/09/13. Based on the 06/03/14 progress report provided by [REDACTED] the patient complains of left shoulder pain. Physical examination to the left shoulder reveals mild weakness of the abductors and external rotators of the left shoulder. There is exquisite tenderness over the acromioclavicular joint and pain on flexion, adduction and internal rotation. Abduction and forward flexion is 120 degrees and equal bilaterally. MRI of the left shoulder 08/16/13, intact left rotator cuff, no evidence of labral tear, mild osteoarthritis of the left acromioclavicular joint and mild, subacromial edema in the middle facet of the greater tuberosity of the left humerus. Diagnosis as of 06/03/14 includes, shoulder impingement syndrome, left shoulder clinically, subacromial bursitis, left shoulder, clinically, acromioclavicular joint degeneration, left shoulder osteoarthritis, acromioclavicular joint, left shoulder, per MRI 08/16/13, laterally down sloping acromion, left shoulder, contributing to impingement syndrome, partial, superficial tear with no evidence of full-thickness tear, left rotator cuff, per MRI 08/16/13, chronic pain, left shoulder. Per progress report dated 04/07/14, Chest X-Ray and Electrocardiogram were performed August 2013 and revealed normal findings. Per progress report dated 06/03/14, patient had authorization for surgery by different physician, however did not have surgery. The physician report dated 06/03/14 states under Treatment Plan: "request authorization for left shoulder arthroscopy with arthroscopic surgery..." The physician also states that chest x-ray is required for medical clearance by a physician. [REDACTED] is requesting Preoperative Chest X-rays PA Lateral. The utilization review determination being challenged is dated 08/15/14. The rationale is: "chest radiography is reasonable for patients at risk of post-operative pulmonary complications if the results would

change perioperative management. [REDACTED] is the requesting provider, and he provided treatment reports from 03/13/14 - 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Chest X-rays PA Lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: www.acr.org - American College of Radiology: ACR Appropriateness Criteria®:

Decision rationale: The patient presents with left shoulder pain. The request is for Preoperative Chest X-Rays PA Lateral. Her diagnosis dated 06/03/14 includes left shoulder impingement syndrome and subacromial bursitis. Per progress report dated 06/03/14, patient had authorization for surgery by different physician; however she did not have surgery. Per Am College of Radiology recommendations (www.acr.org), routine pre-operative chest X-rays are not recommended for asymptomatic and unremarkable history and physical. Progress report dated 06/03/14 states that the physician plans left shoulder arthroscopy with arthroscopic surgery; and chest x-ray is required for medical clearance by a physician. Per progress report dated 04/07/14, Chest X-Ray and Electrocardiogram were performed August 2013 and revealed normal findings. In review of reports, patient is asymptomatic for cardiopulmonary findings. According to ACR criteria for preoperative chest radiography, the request is usually not appropriate, therefore recommendation is for denial.