

Case Number:	CM14-0149729		
Date Assigned:	09/18/2014	Date of Injury:	10/14/2012
Decision Date:	11/14/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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:

The injured worker is a 58-year-old female who reported an injury on 10/14/2012. The mechanism of injury was a trip and fall. Diagnosis included status post right shoulder arthroscopic rotator cuff repair. Past treatments included physical therapy, interferential unit, and ice machine. Diagnostic studies included an official postoperative MRI of the right shoulder on 07/01/2014, which revealed extensive postsurgical changes on the humeral head with fluid surrounding the humeral head and rotator cuff, which is presumably postsurgical hematoma/seroma; avulsion of the supraspinatus tendon orthograft and its insertion onto the greater tuberosity; and tendinosis/partial thickness tear of the biceps tendon. Surgical history included a right shoulder arthroscopic rotator cuff repair on 06/21/2014. The clinical note dated 08/05/2014 indicated the injured worker stated she was progressing through postoperative physical therapy for the right shoulder and using the ice machine and interferential unit for pain control. Physical examination of the right shoulder revealed tenderness to palpation, and flexion 110 degrees, extension 90 degrees, abduction 95 degrees, and adduction 35 degrees. Current medications were not provided. The treatment plan included a postoperative x-ray of the right shoulder. The rationale for the treatment plan was not provided. The Request for Authorization form was completed on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op X-ray of Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiography

Decision rationale: The request for post-op x-ray of the right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines indicate that the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, or failure to progress in a strengthening program intended to avoid surgery. The Official Disability Guidelines go on to state that the preferred imaging modality for patients with suspected rotator cuff disorders is MRI. The injured worker was status-post right shoulder arthroscopic rotator cuff repair on 06/21/2014, and had completed at least 9 visits of post-operative physical therapy. While the operative procedure report indicated that the surgery was extensive, there is a lack of clinical documentation to indicate the need for an x-ray at this time. Additionally, a post-operative MRI was completed on 07/01/2014, which revealed extensive postsurgical changes, avulsion of the supraspinatus tendon at its insertion site, and tendinosis/partial thickness tear of the biceps tendon. The rationale for the need for a postoperative x-ray, in addition to the MRI of the right shoulder, was not provided. Therefore, the request cannot be supported at this time. As such, the request for post-op x-ray of the right shoulder is not medically necessary.