

<b>Case Number:</b>	CM14-0160694		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 10/17/2012. The mechanism of injury was not provided. The injured worker has diagnoses of adhesive capsulitis of shoulder, and rotator cuff sprain and strain. Past medical treatment included physical therapy, medications, and injections. The injured worker underwent a left shoulder arthroscopic rotator cuff repair on 03/21/2013. Diagnostic testing included fluoroscopic x-rays, 4 views of the bilateral shoulders on 08/29/2014, an MRI gadolinium arthrogram of left shoulder taken on 12/12/2013, and x-rays of the bilateral shoulders on 12/14/2012. The injured worker continued to have moderate to severe pain throughout the day, right and left, rating his pain on average as an 8/10 to 9/10 with all ranges of motion on 08/29/2014. The injured worker was status post left shoulder arthroscopic rotator cuff repair on 03/21/2013 and the injured worker described that both shoulders were painful equally. The physical examination of the right shoulder revealed active abduction to 90 degrees, active forward flexion to 90 degrees, both with a severely painful arc of motion and painful endpoint, and demonstrates a painful internal rotation contracture at approximately 45 degrees. The rotator cuff exam is 5/5, except for the supraspinatus and infraspinatus, which are 3/5 with moderate to severe pain on isolation and loading. The examination of the left shoulder revealed active abduction to 90 degrees, active forward flexion to 90 degrees, both with a severely painful arc of motion and painful endpoint, and demonstrates a painful internal rotation contracture at approximately 45 degrees. The rotator cuff exam is 5/5, except for the supraspinatus and infraspinatus, which are 3/5 with moderate to severe pain on isolation and loading. Medications included diclofenac SR 100 mg, cap cream topical compound pain cream. The treatment plan is for bilateral shoulder x-ray series, including AP Grashey views. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral shoulder X-ray series, including AP Grashey views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder procedure

**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 injured worker continued to have moderate to severe pain throughout the day, right and left, rating his pain on average as an 8/10 to 9/10 with all ranges of motion on 08/29/2014. The California MTUS/ACOEM stated x-rays routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. The Official Disability Guidelines (ODG) stated Radiography is recommended as indicated below. The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique must be learned, so it is not always recommended. 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. The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. Indications for imaging -- Plain radiographs if acute shoulder trauma, rule out fracture or dislocation and for acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study. The injured worker is status post bilateral total shoulder arthroplasty. The injured worker has MRI arthrogram of left shoulder on 12/12/2013 and fluoroscopy x-rays, 4 views of bilateral shoulders taken on 08/29/2014 with no abnormalities mentioned about rotator cuff. The documentation provided does not indicate progressive neurological deficit or functional deficit. There is no evidence of a significant change in symptoms and findings suggestive of significant pathology. Therefore, the request for bilateral shoulder X-ray series, including AP Grashey views is not medically necessary.