

Case Number:	CM14-0084871		
Date Assigned:	07/30/2014	Date of Injury:	12/08/2011
Decision Date:	11/12/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 had surgery of the shoulder and rotator cuff repair. She's having difficulty moving her arm past 80 and reports a stiff shoulder. She has an MRI of the left shoulder showing tendinitis. She has an MRI the right shoulder showing significant weightbearing degenerative change. She's had shoulder injection and also distal clavicle excision and rotator cuff repair and still has chronic shoulder pain. The patient has not worked since June 2012. She continues to have chronic pain. At issue is whether right shoulder fluoroscopic evaluation is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Fluoroscopic Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology ACR Appropriateness Criteria Acute Shoulder Pain, Page 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: The patient does not meet establish criteria for right shoulder fluoroscopic evaluation. Specifically the medical records do not document that the patient has exhausted all attempts at conservative measures to include aggressive physical therapy after shoulder surgery. Physical therapy should be completed prior to fluoroscopic examination. Additional conservative measures in the form of physical therapy aren't needed at this time. Fluoroscopic evaluation not medically necessary.