

Case Number:	CM14-0098968		
Date Assigned:	07/28/2014	Date of Injury:	05/01/2012
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Illinois. 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 56-year-old female who reported an injury on 05/01/2012. The mechanism of injury was not provided. On 06/25/2014, the injured worker presented with complaints of right shoulder pain that radiated to the elbow with constant sharp neck pain and an occasional headache. Upon examination, the injured worker's symptoms had improved. The diagnoses were cervical spine disc herniation per MRI on 06/23/2012, right shoulder impingement, right shoulder rotator cuff tear 06/23/2012, acromioclavicular arthrosis of the right shoulder, and status post right shoulder surgery on 02/27/2013. The provider recommended a radiograph of the right shoulder; the provider's rationale was not provided. A Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiographs of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The request for radiographs of the right shoulder is non-certified. The California MTUS/ACOEM Guidelines state for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for order imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. There is a lack of a physical examination provided in the medical documents of right shoulder deficits for the injured worker. Additionally, there is a lack of documentation of the failure to respond to conservative treatment to include medications and physical medicine. There was no emergence of a red flag or physiologic evidence of a tissue insult. As such, the request is not medically necessary.