

<b>Case Number:</b>	CM14-0161284		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of July 15, 2011. In a Utilization Review Report dated September 24, 2014, the claims administrator denied x-rays of the left shoulder. The claims administrator referenced an August 8, 2014 progress note in its rationale. The claims administrator stated that the applicant had issues with a frozen shoulder as well as ongoing, longstanding neck pain complaints. The applicant's attorney subsequently appealed. On August 22, 2014, the applicant reported ongoing complaints of neck and shoulder pain. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. The applicant continued to have both left and right shoulder pain, it was stated, along with complaints of paresthesias about the bilateral upper extremities. The applicant's had apparently received earlier shoulder corticosteroid injection therapy. The attending provider stated that the applicant might need MRI imaging to further evaluate the left shoulder but stated that clinical testing suggested that the applicant had good range of motion and intact strength about the shoulder, suggesting a lack of frank rotator cuff pathology. Both MRI of left shoulder and x-rays of left shoulder were sought. The applicant's adhesive capsulitis issues were reportedly confined to the right shoulder, the attending provider stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray left shoulder x 3 views:** 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): TABLE 9-5, PAGE 209.

**Decision rationale:** The primary suspected diagnosis here insofar as the left shoulder is concerned include impingement syndrome and/or possible rotator cuff tear, although the attending provider did indicate in the August 22, 2014 progress note on which the left shoulder series was sought that frank rotator cuff pathology involving the injured shoulder was unlikely, given the applicant's reportedly well-preserved shoulder range of motion and shoulder strength. Plain film radiography, per ACOEM Chapter 9, Table 9-5, page 209, furthermore, is scored at 1/4 in its ability to identify and define suspected rotator cuff tears and/or suspected impingement syndrome, i.e., the diagnoses possibly present here. No clear rationale for the shoulder plain film imaging at issue was furnished by the attending provider. It was not clearly stated how the proposed shoulder x-rays at issue would influence or alter the treatment plan. Therefore, the request is not medically necessary.