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| Case Number: | CM15-0100036 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 05/28/2013 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 50-year-old female, who sustained an industrial injury on 5/28/13. She reported right arm pain. The injured worker was diagnosed as having right shoulder bursitis, right shoulder impingement, right shoulder mild symptomatic AC degenerative joint disease and partial tear of the supraspinatus tendon. Treatment to date has included cervical epidural steroid injection, 25 acupuncture sessions, 20 chiropractic sessions, oral medications, topical medications and home exercise program. (EMG) Electromyogram studies performed on 9/22/13 were unremarkable, (MRI) magnetic resonance imaging of right shoulder performed on 11/01/13 revealed moderate rotator cuff tendinosis and partial interstitial and undersurface tear of the supraspinatus tendon with down sloping acromion and acromioclavicular joint degenerative joint disease. Currently, the injured worker complains of right shoulder pain not improved since previous visit, rated 7/10 with radiation towards the neck and shoulder blade area and restricted range of motion. She may return to work with modified duties. Physical exam noted tenderness to palpation over the AC joint. A request for authorization was submitted for pre-op medical clearance, post op medications: Percocet, Keflex, Ambien and Zofran, post-op physical therapy, pre-op lab studies and CXR, EKG, Nabumetone and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op studies chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient.

Decision rationale: There is little evidence to support the use of a preoperative chest radiograph regardless of age unless there is known or suspected cardiopulmonary disease from the history or physical examination. In this case, the patient does not suffer from lung disease. Preoperative chest x-ray is not indicated. The request should not be medically necessary.