

<b>Case Number:</b>	CM15-0013449		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, knee, and low back pain reportedly associated with an industrial injury of June 2, 2011. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for an x-ray of the shoulder. The claims administrator referenced a December 8, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 8, 2014, the applicant reported multifocal complaints of low back, left shoulder, left knee, left leg, and right long finger pain. The applicant exhibited 130 degrees of left shoulder range of motion. MRI imaging of the low back, right knee, and left knee were endorsed, along with electrodiagnostic testing of the bilateral upper and bilateral lower extremities. Physical therapy was endorsed. The applicant was placed off of work, on total temporary disability. X-rays of the shoulder were also apparently ordered. The applicant's primary pain generator was the right knee, the attending provider acknowledged. No clear rationale for the test in question was furnished. The attending provider did not state how (or if) he would act on the results of the proposed shoulder x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of left 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): 214.

**Decision rationale:** No, the proposed x-ray of the left shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the pursuit of routine radiographs for shoulder complaints is deemed "not recommended." Here, the attending provider did not clearly state how (or if) he would act on the result of the proposed shoulder x-ray. The fact that a shoulder x-ray was concurrently sought in conjunction with numerous other imaging studies for numerous other body parts, including the low back, bilateral knees, etc., did in fact suggest that the attending provider was intent on obtaining the x-ray for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.