

<b>Case Number:</b>	CM15-0049608		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 8/8/2014. The current diagnoses are right shoulder sprain/strain, rotator cuff tear, and impingement with tendinitis, cervicgia, sleep and psych disorder. According to the progress report, the injured worker complains of moderate right shoulder pain. The pain is described as achy, and increased by activities. The current medications are Nabumetone and Pantoprazole. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, acupuncture, pain injections, and extracorporeal shockwave therapy. The plan of care includes x-ray of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Plus Practice Guidelines, Treatment of shoulder conditions, x-rays.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter, Radiography.

**Decision rationale:** The patient was injured on 08/08/2014 and presents with right shoulder pain described as achy and radiates with increased daily activities. The request is for an X-RAY OF THE RIGHT SHOULDER. The RFA is dated 12/19/2014 and the patient is not currently working. The patient had an MRI of the right shoulder on 10/13/2014 which revealed subdeltoid fluid and impingement and osteoarthritis. The 02/02/2015 MRI of the right shoulder showed a 1.5 cm subacromial fluid collection, impingement, partial supraspinatus tear. Regarding radiography of the shoulder, ODG states "recommended when there is an indication of acute shoulder trauma to rule out fracture or dislocation and questionable bursitis, blood calcium (Ca+)/approximately 3 months' duration." Review of the reports provided show no evidence of prior x-ray of the shoulder. The patient has a decreased right shoulder range of motion, a positive Speed's, and decreased sensory at C5 on the right. The patient is diagnosed with right shoulder S/S R/C tear and impingement with tendonitis. There is no indication that the patient has acute shoulder trauma to rule out fracture, dislocation, or questionable bursitis. In this case, the treating physician provided no documentation to indicate that the patient has an acute shoulder trauma to warrant an imaging study of the left shoulder. Therefore, the x-ray of the shoulder IS NOT medically necessary.