

<b>Case Number:</b>	CM15-0071454		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 injured worker is a 64 year old female with an industrial injury dated 12/13/2014. Her diagnosis is severe degenerative disc disease multi-level. Prior treatments included diagnostics, lumbar brace, cane and medications. She presents on 03/23/2015 with complaints of right shoulder aching, low back pain and bilateral elbow pain. Objective findings noted restricted range of motion of the lumbar spine. Right shoulder had a functional range of motion. Left elbow was tender. Treatment plan included diagnostics to include X-rays and MRI along with medication. In a Utilization Review report dated April 3, 2015, the claims administrator retrospectively denied a request for x-rays of the shoulder. The full text of the Utilization Review decision was not, it was incidentally noted, attached to the application. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated March 20, 2015, the applicant reported complaints of low back and bilateral elbow pain. MRI imaging of the lumbar spine was sought, along with an elbow support and physical therapy. Flexeril was prescribed. Chiropractic manipulative therapy was endorsed. The applicant was described as having a "resolving right shoulder strain." In another section of the note, the attending provider stated that x-rays of the right shoulder were taken. Said x-rays were negative for any glenohumeral joint arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective X-ray of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** No, the retrospective request for x-rays of the shoulder was not medically necessary, medically appropriate, or indicated here. X-rays of the shoulder appeared to have been performed on March 23, 2015. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of radiographs of the shoulder is deemed "not recommended." Here, it appears that the attending provider in fact performed routine x-rays of the shoulder on March 23, 2015. The applicant was described as having a "resolving" shoulder strain on that date, it was reported. The attending provider did not recount or detail the applicant's shoulder pain complaints at any length. It did not appear that the applicant was significantly symptomatic insofar as the shoulder was concerned. The x-rays in questions were ultimately negative, it was further noted. Therefore, the request was not medically necessary.