

<b>Case Number:</b>	CM14-0148872		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 38-year-old male who reported an injury on 10/25/2012. The mechanism of injury was not provided. The injured worker was diagnosed with cervical radiculopathy/radiculitis, rotator cuff bursitis and tendon disorder, depression, shoulder pain, myofascial pain, and elbow pain. The injured worker's past treatments included injections, 18 visits of physical therapy, and medications. The injured worker's diagnostic testing included an unofficial MRI of the left shoulder in December 2012 that showed left mild supraspinatus tendinopathy, mild intra-articular biceps tendinopathy, and moderate subacromial and sub-deltoid bursitis. The injured worker's pertinent surgical history was not provided. On the clinical note dated 08/08/2014, the injured worker complained of left shoulder and arm pain rated 3/10. He had positive Spurling's test on the left with pain into the shoulder/upper arm, tenderness to palpation with trigger points and palpable bands in left cervical, paraspinal, shoulder, and periscapular area. The injured worker's medications included Ultram 50mg, 2 tablets 3 times a day for severe pain, Gabapentin 300mg, 3 times a day, Vicodin 5/500 as needed, Norco 10/325 one tab daily, Baclofen 10mg at bedtime, Tegretol 100mg, 2 tabs at bedtime for 4 weeks, and Relafen 500mg twice a day. The request is for a left shoulder x-ray. The rationale for the request was not provided. The Request for Authorization was submitted on 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 207-208.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The request for left shoulder x-ray is not medically necessary. The injured worker was diagnosed with cervical radiculopathy/radiculitis, rotator cuff bursitis and tendon disorder, depression, shoulder pain, myofascial pain, and elbow pain. The injured worker complained of left shoulder and arm pain rated 3/10. The California MTUS/ACOEM Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The injured worker has documentation of therapy, injections, and medications. It was noted after 18 sessions of physical therapy, the injured worker made improvement in strength, range of motion, and function. There is a lack of documentation indicating the injured worker has significant functional deficits. There is a lack of documentation indicating the injured worker has had a significant change in functional deficits since the time of ending physical therapy on 06/03/2014. As such, the request for left shoulder x-ray is not medically necessary.