

Case Number:	CM14-0217783		
Date Assigned:	01/07/2015	Date of Injury:	09/25/2013
Decision Date:	10/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 9-25-2013. Medical records indicate the worker is undergoing treatment for left shoulder impingement and bursitis. A recent progress report dated 12-9-2014, reported the injured worker complained of pain and soreness rated 6 out of 10. Physical examination revealed scars and redness of skin due to irritation from steri strips and tenderness to palpation. Treatment to date has included acupuncture, steroid injection, wrist bracing, home exercise program, behavioral therapy, arthroscopy shoulder surgery (11-19-2014), physical therapy and medication management. On 12-9-2014, the Request for Authorization requested an Initial post-operative X-ray, left shoulder. On 12-17-2014, the Utilization Review noncertified a request for an Initial post-operative X-ray, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial post operative X-ray, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) radiography.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints states: For most patients with shoulder problems, special studies are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. The patient is post op from arthroscopic shoulder surgery with no abnormalities noted on physical exam. Therefore the request is not medically necessary.